HEALING VOICES

Interpreting for Survivors of Torture, War Trauma and Sexual Violence

A Training Manual

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This training manual is designed to support a five-day training program about interpreting for survivors of torture, war trauma and sexual violence. It can be used as a manual to train refugee interpreters, but this book also addresses interpreting for displaced migrants in any part of the world.

The manual is not intended for novice interpreters. It supports interpreters who are practicing at a professional level and who have had prior interpreter training.

This book can be used for independent study but will ideally be used as part of a training program led by an interpreter trainer (who specializes in trauma-informed interpreting) and a licensed therapist (who specializes in torture treatment services or refugee mental health).

A prerequisite for attending this program and making good use of this manual is the successful completion of an entry-level program in general, community, medical and/or legal interpreting. Due to the sensitive content in this manual, which addresses the experiences of torture and war trauma survivors, the authors do not recommend that novice interpreters read this manual.

This manual was developed by specialists in spoken language interpreting and clinicians. However, the content is also relevant for sign language interpreters and intended for their benefit.

For further information, please contact the publisher.

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Disclaimer

Please Note: This training manual will address traumatic issues such as torture, war trauma and other major trauma. Please consider your readiness to read and learn about traumatic events or to interpret for survivors of major trauma. Although the training program that this manual supports focuses on creating a safe and collaborative learning environment, *commitment to addressing issues of trauma with "unconditional positive regard" for the experience of survivors is essential to the success of this program.*

The primary focus of this training manual, and the five-day program that it supports, is to prepare interpreters who work with survivors of torture, war trauma and other extreme trauma by giving them knowledge, enhancing their skills and increasing their ability to interpret in demanding situations. The manual will not focus on the recovery of interpreters with their own history of trauma. If you have questions about the content or purpose of this manual, please contact the publisher. If you have concerns about your ability to pursue training in this field due to a past history of trauma, please speak with a licensed trauma-informed therapist.

Self-care

The subject matter of this book addresses challenging issues that may trigger painful responses for you, especially if you are a survivor of major trauma. Such a personal history might include (for example) a past experience of sexual assault, domestic violence, losing a family member to violence, and/or experiences of war or displacement. These are only examples.

Although interpreter trainers and clinicians in this field generally seek to be as supportive as possible, such trainers, including therapists, are limited in how much time they can spend listening to the personal stories of training participants who may experience trauma during the type of program this training manual supports. Please, therefore, develop plans to support your own recovery, perhaps in therapy, and build the resilience necessary for work in this field.

Not all participants may be ready to address issues related to trauma in a training setting. The authors of this manual have personally witnessed, as trainers, interpreters who thought they were ready for trauma-informed refugee interpreter training and then experienced personal reactions during the training session. These interpreters did not expect to experience triggers or trauma during the training, despite being alerted before the programs began.

If you, as the interpreter, have a personal history of trauma, please prioritize your own health and healing, which are far more important than any training program.

Finally, a number of different countries are mentioned throughout this manual. Various activities highlight a representative array of groups for ease of teaching. There are no political meanings attached to the inclusion of specific cultural groups or countries mentioned. This is a manual that seeks to honor and respect all survivors, their service providers and their interpreters.

Acknowledgments

This program represents a landmark achievement in the field of community interpreting. The Voice of Love (VOL), an independent U.S.-based all-volunteer organization that existed from 2009 to 2015, dedicated itself to developing pro bono training and resources to support interpreting for survivors of torture, war trauma and sexual violence.

Since 2015 The Voice of Love Project has found a new home within MCIS Language Solutions in Toronto, Canada.

The value of this unique achievement stems in great part from its contribution to a specialized and neglected area—trauma-informed interpreting for torture survivors, refugees and other survivors of major trauma. In addition, the program was created entirely by volunteers, almost all based in the U.S. and many of the highest levels of expertise.

Our authors and contributors have given themselves unstintingly to support this project. There are countless people to thank for their contributions, and we will not list them all by name. We would first like to thank Jean Bruggeman, Esq., and Irfana Anwer, Esq., two U.S. nonprofit immigration lawyers who provided substantive guidance in many phases of the development of this training and sat on various committees.

In addition, for five years VOL was a 501(c)(3) U.S. charity, and we wish to thank the many board members who guided it during that period.

Isabel Framer, Virginia Lewis, Claudia Rubio Samulowitz and Alaa Aqra donated their expertise to this project through editing, reviewing and in other ways, and we are grateful. We would also like to thank:

- Our volunteers, more than a hundred individuals across the U.S. and in other countries who have directly or indirectly contributed to this program.
- Our many past donors.
- Our committee members.
- Our trainers for the three pilot programs, all of them among the authors of this manual.
- Those who generously gave their time for coordinating or participating in interviews, focus groups and online surveys.
- Those who have proofread or edited various portions of this manuscript or other documents that support it, including members of the curriculum review panel.

- The many organizations across the U.S. that hosted our 15 focus groups as part of needs assessment for this training program, including focus groups for interpreters, service providers and survivors.
- Everyone who submitted research articles, training manuals and other material related to interpreting for survivors of trauma.

It is amazing to see so many people come together to respond to the need to create specialized training on interpreting for trauma survivors who have been persecuted. You have deeply moved us with your generosity of spirit. This training manual and the program it supports are a testimony to your goodwill and dedication to the field. We thank you all.

Introduction

Overview

You are about to enter a new world. Whether you take the *Healing Voices* training program or simply study this manual for your professional development, think of the book as a road map for your journey. Survivors of torture and major trauma often live in a world apart, and their journey to healing will take you to distant places. It will open your eyes to the cruelty and the magnificence of the human spirit.

In the training program that this book supports, to make the training a safe space, we will expose the interpreter to minimal graphic material. However, some details in this training manual may disturb you. The intent is to prepare you for interpreting in real life.

When you interpret for survivors of torture, for example, you may witness those who have endured the deepest suffering that anyone can know as they relive their trauma. Perhaps a sudden silence falls. Survivors' eyes turn distant as they look into space. They weep or shake. They share what happened to them. You bear witness to the survivors' stories.

Most survivors of torture, trauma and sexual violence hold in common a history of darkness coupled with the natural, human desire to be healed and whole. Their journey in a sense inevitably affects your own. What they learn, you learn. And each time you hear survivors share their stories, in some ineffable way you share in the healing. Many interpreters for trauma survivors report a sense of fulfillment from working in this field.

It is a testimony to the vibrancy of the human spirit that suffering of this depth can be transformed by healing. We have much to learn from the resilience and determination of survivors. Their ability to rebuild their lives is an art and a skill that we can emulate. How fortunate that we, as interpreters, can be humble witnesses of their journey.

A short history of The Voice of Love Project

The Voice of Love (VOL) began in the U.S. in late 2009 as a nonprofit project. After two years, with more than a hundred volunteers ranging from interpreters in many specializations to interpreter trainers, clinicians, researchers, health professionals, social workers, teachers and others, VOL became a registered charity and remained so as a U.S.-based 501(c)(3) nonprofit organization for five years.

In 2015, the project became too challenging for an all-volunteer group to manage. MCIS Language Solutions in Canada, a large nonprofit social enterprise, provided a permanent home for The Voice of Love Project and all its materials, including this manual. VOL then reverted to the legal status of a project under the umbrella of MCIS.

Now celebrating more than 30 years, MCIS exists to uphold the human right to be informed, heard and understood, by providing language services to vulnerable populations facing language barriers to accessing critical information and services. MCIS has more than 60 employees and a roster of over 6,000 interpreters, translators, voice artists, transcriptionists, training facilitators and other language professionals. MCIS provides a broad array of language services for government, legal, police services and healthcare organizations in more than 300 languages.

Each year MCIS invests in initiatives that support free services for survivors of violence and the homeless, as well as training subsidies for aspiring interpreters and translators. Its vision is to connect people globally through languages. MCIS seeks to build authentic, transparent and trusted bridges worldwide that will break down barriers between people and languages, fueling mobility and prosperity.

VOL is the nonprofit project that developed this book and the training program it supports. To the best knowledge of the authors, VOL is the only nonprofit organization in the world whose mission has exclusively supported quality interpreting for survivors of torture, war trauma and sexual violence. MCIS has offered the *Healing Voices* training program in Canada. It hopes gradually to transform *Healing Voices* into an online program that combines e-learning modules with webinars and live instruction. The long-term vision is for any interpreter, anywhere in the world, to be able to attend this training program.

Born in the U.S., this program has now found a loving home in Canada and hopes from there to serve the world.

Who should read this manual

Healing Voices is ideally suited to support the training of interpreters who work with refugees, torture survivors and displaced migrants. Though initially developed by U.S.-based authors in a U.S. context, from the start this book was also intended for an international audience.

While largely drawing on examples from the U.S. and Canada, this manual also makes references to interpreting in other countries, contexts and cultures. MCIS and the authors have worked together to make this manual as international in scope as possible. Wherever relevant differences exist in terminology or professional practices for interpreters, the authors have highlighted them (as much as possible). Spelling is primarily U.S. English.

A prerequisite for studying this manual is the successful completion of a foundation program of at least 40-120 hours in basic interpreting ethics, standards, skills, protocols and best practices for community, medical and/or legal interpreting. Ideally you should have taken such training before reading this book.

This book and any training program it supports will be instructive for interpreters who have *already received basic interpreter training* and who wish to continue their professional development. The

manual was used to support a five-day training called *Healing Voices* both developed and delivered (six times) by the authors of this book. As a result, the authors can attest that the book and any training program based on this book require training participants to have a solid grasp of basic interpreting concepts and *prior* training in community, medical or legal interpreting.

The target audience for this book may therefore include:

- Practicing, professional interpreters.
- Interpreters who volunteer for torture treatment programs (but have received professional interpreter training).
- Interpreters who work with refugees and asylum seekers (refugee claimants).
- Mental health interpreters.
- Legal interpreters who work with asylum seekers and survivors of torture.
- Interpreters who work with survivors of nearly any form of severe trauma.

The content of this manual may also prove helpful for interpreters who work in other trauma-related areas, such as domestic violence and sexual assault, as well as court and mental health interpreting.

What you will learn

In this program you will learn how to interpret for survivors of torture, trauma and sexual violence while also caring for yourself—an exquisite balancing act. Learning to care for yourself will bring you beneficial results in many areas of interpreting and your life.

This manual is composed of nine chapters that correspond to nine half-day training modules. Each module includes role plays, exercises, activities, stories and often brief case studies. The nine modules are as follows:

Module 1: Trauma, Recovery and Torture Survivors

The first module introduces you to this special field. It defines torture and war trauma and addresses the impact of torture and any extreme trauma on survivors. This chapter and the two that follow were developed by a clinical psychologist who for 20 years served as the executive director of a U.S. nonprofit torture treatment program in Washington, DC, and Baltimore, Maryland; a psychiatrist and assistant professor of psychiatry in Boston, Massachusetts; and a clinical social worker and professor in Hartford, Connecticut. All three are national specialists in torture treatment services. The module provides a window into the world of survivors of torture and war trauma.

Module 2: Impact on Survivors and Interpreters: Managing Your Own Reactions

The second module offers a broad overview of mental health settings for interpreters and provides basic information that interpreters may need to know when interpreting in mental health settings. After looking at some common diagnoses, treatments and medications that might be relevant to survivors, you will consider common situations that may arise in therapy. You will

be prepared for possible behavioral and emotional reactions of the client during a session that often catch interpreters by surprise. You will also consider how to manage your own reactions when you see clients in distress.

Module 3: Secondary Trauma and Fostering Wellness for Interpreters

This module looks at the impact of interpreting traumatic information on interpreters themselves. You will learn what vicarious or secondary trauma is, the difference between stress and secondary trauma and strategies to help you to cope with both. The wellness plan you develop will help you in every area of interpreting.

Module 4: Ethics and Standards of Practice in Trauma-informed Interpreting

Professional interpreters are familiar with interpreting ethics and standards of practice in the part of the world where they practice interpreting. This module explores how you can adjust your interpreting practices to respect both ethical requirements and high standards in the field while also supporting survivors of extreme trauma. It guides you on interpreting professionally in this field without crossing role boundaries or intruding inappropriately. One of the most valued contributions of this chapter is a crosswalk between legal and medical interpreting and its implications when interpreting for survivors of major trauma.

Module 5: Addressing Communication Barriers

As a community interpreter, during a session at any given moment you are either interpreting or interrupting a session to address a pressing issue or communication barrier—for example, too much background noise or the need to request clarification of a term you didn't understand. The act of speaking up as the interpreter is often referred to as either intervention or mediation in the U.S. and interrupting for clarification in Canada. These, or other similar terms, may be used around the world. Regardless of the terms used, it is important to always remember that interpreters are required to remain impartial and objective; the act of speaking as the interpreter is not meant to bypass this requirement, but simply to ensure that communication flows unimpeded and any barriers are overcome, without influencing in any way the content that the speakers wish to communicate to one another through the interpreter. This chapter explores the critical skills to help you assess if, when and how to intervene when interpreting for survivors of extreme trauma. It also shows you strategies to address communication barriers safely and appropriately, both during and outside the session, without overstepping the boundaries of your role as an interpreter.

Module 6: Cultural Dilemmas

Cultural dilemmas[1] and concerns arise in almost any area of interpreting. Perhaps nowhere are they more complex than when interpreting for survivors of major trauma. If there is a cultural misunderstanding, how do you handle it effectively without intruding? This module focuses on

[1] The term "ethical dilemmas" is preferred in Canada, emphasizing the fact that such situations may pose a challenge in adhering to the interpreter's code of ethics. However, an ethical dilemma is broader in scope as it may address noncultural issues. (An ethical dilemma arises when the interpreter is faced with two or more conflicting choices, either or all of which transgress an ethical requirement.) In addition, other terms may be preferred in other jurisdictions. Interpreters are encouraged to replace the term as necessary with the corresponding term commonly used in their jurisdiction.

what to do, what to say and how to say it when a cultural concern or misunderstanding arises or if you are approached about a cultural issue outside the session. It emphasizes the need to consider that the "cultural expert" here is never the interpreter but the survivor and the service provider. However, the interpreter plays a key role in helping them articulate their cultural views, needs and concerns.

Module 7: Legal Interpreting for Survivors

This module addresses how to perform legal interpreting for survivors *outside* the courtroom, with a particular focus on interpreting for asylum seekers. It addresses lawyer-client interviews (including issues of confidentiality and lawyer-client privilege[2]), nonprofit legal services, cultural issues in legal interpreting and interpreting for survivors who meet with immigration officials.

Module 8: Sexual and Domestic Violence

In this module, you will gain a better understanding of issues related to sexual and family violence, including child abuse, and how they may amplify trauma in a survivor and affect you as the interpreter. First you will explore the impact of a survivor's past or recent sexual violence on the interpreted session. Then you will consider how a current or past history of intimate partner violence may affect you during and after the session. Finally you will explore the impact of child abuse and strategies for interpreting for abused and traumatized children.

Module 9: Global Skills Review

The last module brings together the lessons from previous modules and reinforces them. It addresses issues surrounding sight translation and terminology and returns to your wellness plan from Module 3 to review self-care. This chapter closes with last words of advice and opportunities for practice.

How this manual can help you

What you will learn in this manual will help you in almost any area of interpreting, particularly if you work in medical, mental health or legal interpreting. While the authors' focus is specific to interpreting for survivors of torture and war trauma and their families, it will also help you to interpret in various areas that relate to or involve trauma but do not involve torture survivors or refugees. These include areas such as:

- Domestic violence
- Major medical trauma
- Mental health interpreting (including pediatric mental health)
- Interpreting in prisons, jails, juvenile facilities and detention centers
- Military interpreting

2 The corresponding term commonly used in the U.S. is attorney-client privilege and in Canada it is solicitor-client privilege. *Lawyer* is the most common international term for professionals who practice law. Other terms may be preferred in other jurisdictions.

- Legal cases involving rape, violent crimes, horrific accidents or extreme brutality
- Interpreting in any deeply traumatic situation, e.g., for a doctor, police officer or military official who informs parents that their child is dead

Furthermore, you may end up interpreting for a survivor of torture or major trauma almost anywhere and at any time—and without warning. Survivors of torture and war trauma may be your clients for an appointment in the following settings:

- Refugee resettlement services
- Hospitals
- Schools (e.g., school counselors, nurses, psychologists or even a parent-teacher meeting)
- Other medical services (including dentistry, optometry and pharmacies)
- Legal services
- Nonprofit agencies serving immigrants and refugees
- Domestic violence centers
- Substance abuse programs
- Counseling services (general or multicultural)

How to use this manual

If you are reading this manual without attending the *Healing Voices* training itself, *please use caution.* A training manual is no substitute for a session convened by specialized trainers and experts who can answer your questions and address your concerns. For example, this program should always include at least one trainer who is a clinician—preferably a licensed therapist specialized in torture treatment services and/or refugee mental health—who can address traumatic concerns that arise for interpreters during the program.

Interpreting for survivors of torture and war trauma is a complex field. In order to benefit from reading this manual on your own, first:

- Try to attend a training program in community, medical or legal interpreting.
- If you find it impossible to attend such training, order a basic training manual in community, medical or legal interpreting. Study it thoroughly before reading this book.
- Visit and study the websites of your country or region's professional associations for community, medical, legal, general and local interpreters associations where you live. The resources on these websites can give you valuable background information that you will need to understand this manual well. In particular, *study the interpreting ethics and standards available on all these websites.*

Meantime, we wish you the best of luck in your journey to support survivors of torture and war trauma through quality interpreting. By giving survivors a voice, you are honoring their stories. You have chosen a special field. We thank you.

Learning Objectives

After completing these modules, you will be able to:

Module 1: Trauma, Recovery and Torture Survivors

- **Objective 1.1:** Describe major concepts related to trauma, including torture and war trauma.
- **Objective 1.2:** List some of the possible mental health consequences of trauma and torture.
- **Objective 1.3:** Explore sources of personal strength in the lives of survivors.

Module 2: Impact on Survivors and Interpreters: Managing Your Own Reactions

- **Objective 2.1:** Understand impact on survivors and aspects of the recovery process.
- **Objective 2.2:** List some of the possible emotional and behavioral client reactions that may occur during interpreted sessions.
- **Objective 2.3:** List suggestions on how to manage your reactions to client distress.

Module 3: Secondary Trauma and Fostering Wellness for Interpreters

- **Objective 3.1:** Identify factors related to job stress and how it can affect one's work.
- **Objective 3.2:** Define and explain secondary, or vicarious, trauma reactions that interpreters may experience.
- **Objective 3.3:** List and discuss strategies to prevent or minimize secondary trauma for interpreters.
- **Objective 3.4:** Write a personal wellness plan.

Module 4: Ethics and Standards of Practice in Trauma-informed Interpreting

- **Objective 4.1:** Compare and contrast medical and legal codes of ethics for interpreters.
- **Objective 4.2:** Apply interpreting ethics and standards to real-life scenarios about interpreting for survivors of torture and war trauma.
- **Objective 4.3:** Practice the application of ethics and standards to resolve ethical dilemmas when interpreting for survivors of major trauma.

Module 5: Addressing Communication Barriers

- **Objective 5.1:** Decide whether or not to intervene or interrupt for clarification when interpreting for survivors of major trauma.
- **Objective 5.2:** List and practice nonintrusive steps for addressing communication barriers when interpreting for trauma survivors.
- **Objective 5.3:** Practice skills for effectively addressing communication barriers when interpreting for trauma survivors.

Module 6: Cultural Dilemmas[3]

Objective 6.1: Identify, analyze and discuss common cultural concerns that can lead to a breakdown in communication.

Objective 6.2: Assess and apply the criteria for addressing communication barriers caused by cultural misunderstandings.

Objective 6.3: Practice effective techniques for addressing communication barriers without offering or discussing cultural information.

Module 7: Legal Interpreting for Survivors

Objective 7.1: Assess how the ethical canons of accuracy, impartiality and scope of practice/role boundaries apply to legal interpreting for survivors of major trauma.

Objective 7.2: Discuss how legal requirements impact the role of the interpreter.

Objective 7.3: Discuss lawyer-client privilege and confidentiality in legal interpreting for survivors.

Module 8: Sexual and Domestic Violence

Objective 8.1: Discuss how the impact of sexual and domestic violence affects the interpreted session.

Objective 8.2: Explore techniques for interpreting effectively for survivors of sexual and domestic violence.

Objective 8.3: List specialized techniques to consider when interpreting for children who have experienced abuse.

Module 9: Global Skills Review

Objective 9.1: Review three key aspects of this curriculum that support interpreting for survivors of major trauma.

Objective 9.2: Practice techniques to interpret relevant terminology, concepts, emotionally charged phrases and/or complex cultural references in the target language.

Objective 9.3: Perform a self-care assessment.

[3] As previously mentioned, the term "ethical dilemmas" is preferred in Canada; other terms may be preferred in other countries or interpreting specializations.

Module 1:

Trauma, Recovery and Torture Survivors

Introduction

I leave these interviews really shook up and no way to deal with it, even if I am fine in the interview and interpret with empathic neutrality.

—Interpreter for survivors

Who is a Refugee?

The definition of a refugee is someone who: owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it.

—United Nations (UN)
www.UNrefugees.org

The purpose of this introductory module is to provide a clear set of guidelines and basic information for interpreters who work with survivors of torture, war and refugee trauma in mental health and other clinical settings.

The majority of these survivors are refugees,[4] asylum seekers (referred to as refugee claimants or persons in need of protection in Canada) and asylees (those granted asylum in the U.S.). The focus of this module will therefore be interpreting in mental health settings for this population. However, this information may be valuable for anyone interpreting for such survivors in almost any setting.

It is estimated that more than 500,000 survivors of torture have fled their countries of origin and are now living in the U.S. Similar numbers are likely present in Canada and other nations around the world that welcome refugees, although exact figures are hard to come by.

According to the United Nations High Commissioner for Refugees (UNHCR), the UN Refugee Agency, we are living at a time of the greatest number of displaced persons in the history of the world. This is a planet "on the move." But many do not choose to leave their homes. They are forced to move.

The UNHCR estimates that, at the end of 2021, there were 84 million people forcibly displaced worldwide (an estimated 42 percent of those forced over borders were children), including 26.6

[4] For the international definition of "refugee" and basic information about refugees in general, go to https://www.unrefugees.org/refugee-facts/what-is-a-refugee/

million refugees and 4.4 million asylum seekers (UNHCR, 2021). Estimates of up to 35 percent (Baker, 1992) to 44 percent (Higson-Smith, 2015) of refugees may have been tortured, although experts suspect that this is an underestimation. In addition, within specific cultural groups the percentages are even higher.

More than 85 percent of the world's refugees are in developing countries (UNHCR, 2021). Of the relatively small number of individuals who are resettled or seek asylum, some seek primary care and social, legal and mental health services both from mainstream providers as well as those who are trained to work with uprooted populations.

When there are issues related to language, interpreters serve as an invaluable bridge between clients and their service providers. Some systems of care readily provide access to interpreter services, whereas others, often community-based organizations, must rely primarily on volunteer interpreters. There are few guidelines available for interpreters to work with this specialized population. We hope the following guidelines will help you interpret effectively for survivors.

Learning Objectives

After completing this module, you will be able to:

Module 1: Trauma, Recovery and Torture Survivors

- **Objective 1.1:** Describe major concepts related to trauma, including torture and war trauma.
- **Objective 1.2:** List some of the possible mental health consequences of trauma and torture.
- **Objective 1.3:** Explore sources of personal strength in the lives of survivors.

Refugee Numbers

The United Nations High Commissioner for Refugees reported that by mid-2021 there were 84 million forcibly displaced people in the world as a result of persecution, generalized violence, conflict or human rights violations (UNHCR, 2020; UNHCR, 2021). This figure included an estimated 26.6 million refugees worldwide, 48 million internally displaced persons, and approximately 4.4 million asylum seekers (UNHCR, 2021). More than two-thirds of all refugees and Venezuelans displaced abroad worldwide in mid-2021 came from five countries: the Syrian Arab Republic (6.8 million), Venezuela (4.1 million), Afghanistan (2.6 million), South Sudan (2.2 million) and Myanmar (1.1 million). Among the 11.2 newly displaced in 2020 were 1.4 million who sought protection outside their home country and 9.8 million displaced within their own countries. While children under 18 represented 30 percent of the world's population, they comprised 42 percent of all forcibly displaced persons in 2020. Approximately 1 million children were born into refugee status between 2018 and 2020. For the seventh consecutive year, Turkey hosted the largest numbers of refugees worldwide (3.7 million), followed by Colombia (1.7 million), Uganda (1.5 million), Pakistan (1.4 million), and Germany (1.2 million) (UNHCR, 2021).

What we hope to accomplish in Module 1

This module is intended to help those who interpret for survivors of torture, sexual violence, war trauma, displacement and other major trauma. Effective interpreting requires considerable skill and emotional stability (Akinsulure-Smith, 2007). A needs assessment report (Bambarén-Call et al., 2012) underscores the importance of providing formal training to interpreters in this field.

A woman who survived torture

Many people volunteer to interpret for survivors of torture and war trauma because they want to help others. Training programs teach interpreters basic skills, and some programs offer further specialized training in medical, legal or mental health interpreting. Such training can help provide a forum for ongoing processing of the emotional impact of the work. Effective interpreter training addresses potential and common mistakes such as becoming personally involved with the client, giving advice, simplifying or changing the service provider's message and offering inappropriate cultural information.

However, it is clear that interpreters everywhere are hungry for information and training about how to handle cases of "extreme" interpreting where the client has experienced deep trauma and may be processing it during the session.

To heal from trauma and create a successful life, survivors need to build relationships of trust and safety in their lives. Having arrived in a new country, the healing process often starts in a relationship with a medical and/or mental health provider who may be the first person or people (along with interpreters) to hear their stories. A number of centers have integrated services where a survivor sees both of these types of providers.

Interpreters, by facilitating clear communication, are a part of this healing process. Those of us working in this field recognize the absolute necessity of having a cadre of trained interpreters to be part of the healing team that attempts to address the most painful experiences imaginable. We hope that you will find this module to be helpful.

In this first module of the *Healing Voices* program, torture and trauma will be defined and you will learn about characteristics common to many trauma survivors.

Next, we will explore some common client emotional and behavioral responses that may occur during interpreting sessions (and that may have puzzled you).

Finally, you will receive guidance on how to conduct yourself when you encounter such responses.

Section 1.1: Trauma, recovery and torture survivors

Activity 1.1 (a): Deep breathing and grounding—A safe space

During the *Healing Voices* program, a therapist trainer will lead the participants through a deep breathing and grounding exercise and engage in a conversation about creating a "safe space" for the training.

Instructions for classroom

1. Follow the instructions of your trainer.
2. Use these techniques as needed:
   - During the training, and
   - In your work

Instructions for self-study

1. If you are going through this manual on your own, you can use an online resource for guided meditation, e.g., https://www.uclahealth.org/marc/mindful-meditations or download one of the widely available free mediation apps, e.g., https://thiswayup.org.au/12-free-apps-to-help-you-beat-stress/.
2. Follow up with a journaling exercise and reflect on what a "safe space" for this training might look like for you.
3. Think of strategies you can use if the content triggers a powerful emotional response and list people you can reach out to and resources you can use to support yourself.

Note: It is generally not recommended to hold your breath after inhaling as this can bring on increased anxiety or panic in some. Rather, it is recommended to hold your breath after exhaling (before inhaling) or to just exhale such that your exhalation is longer than your inhalation.

Objective 1.1

After completing this objective, you will be able to:

Describe major concepts related to trauma, including torture and war trauma.

Understanding torture and trauma

Activity 1.1 (b): The case of Maxine—What is my role?—Demonstration role play

Maxine is a 29-year-old transgender woman from Russia. Maxine's wife left her and has not let her see their children since she came out as transgender. Two years ago, Maxine was arrested by police during a demonstration for lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ+) rights and detained for two months in a cell with male criminals.

While detained, Maxine was repeatedly harassed and raped on several occasions by her cellmates and guards. Police officers interrogated her almost daily about the names and whereabouts of the leaders of her group. The officers also asked her many intimate questions about her body and her sexual life, urinating on her face and forcing her to drink their urine, telling her that she should die because she was a danger to children. One morning she woke up with feces smeared on her chest, spelling the word "freak."

Note: In previous therapy sessions, Maxine and her therapist developed a strong therapeutic relationship. Maxine also learned breathing and other techniques to manage her distress. The last session ended with Maxine telling the therapist that she felt ready to tell more about the experiences that led her to leave Russia the next time they met. As this role play begins, the therapist checks in with Maxine to see if she feels ready to talk about her traumatic experiences in her homeland.

Instructions for demonstration

1. One trainer will play the role of Maxine, pretending to talk to her therapist with the assistance of an interpreter. The other trainer plays the role of the therapist. The participants will be instructed to imagine that they are the interpreter.
2. If you are watching this demonstration:
   - As you observe this demonstration role play about a 29-year-old transgender woman, try to imagine that you are the interpreter for this session.
   - Ask yourself: "What is my role?"

Instructions for self-study

1. If you are going through this manual on your own, you can read the transcript of the role play and imagine that you are the interpreter for this session. Ask yourself: "What is my role?" and imagine what it would feel like as an interpreter to hear this story.
2. If you have an interpreting partner, or better yet, two partners, you can act out the role play with the idea that the person who plays the interpreter *will not look at the script* and the two partners will neither assist nor interrupt the interpreter but simply play their roles. (This last point is important.)
3. If you have only one partner, let that partner act out both the role of the therapist and the client, Maxine.
4. If you and your partner(s) share the same language pairs, then the person who plays the role of Maxine can (roughly) sight translate the text into the relevant language to facilitate realistic role play and practice. In that case, keep the dialogue of Maxine as natural and realistic as possible.

Demonstration Role Play

Therapist: Maxine, last week you told me that you felt ready to share more with me about your experiences back home today. I wanted to check in with you and see how you feel about that today.

Maxine: I ... I want to ... I need to tell someone. [HER SPEECH BECOME MORE AGGITATED] I couldn't sleep well last night because I knew that today was the day. [LOOKS INTENTLY AT THERAPIST]

Therapist: Today doesn't have to be the day if you don't feel ready. What is most important is your wellbeing. You are in charge. It is your decision whether to talk about it or not.

Maxine: It'll be hard...but I want to. [SIGHING DEEPLY]

Therapist: Ok. Remember the breathing we did together. You can use that if you start to feel bad. Also, remember that you are with me here in America – you are not in Russia. The people who hurt you can't get you here.

Maxine and therapist

Maxine: Yes, I've been practicing my breathing. It helps.

Therapist: What do you want to share with me today? It can be as little or as much as you want. We don't have to talk about everything today.

Maxine: The part that has been bothering me the most is ... You know, it wasn't just the guards who raped me. The criminals I was locked up with did too. They ... they ...

Therapist: I'm listening. Take your time.

Maxine: [STARTS TO DRY HEAVE] I can smell it...the shit. It's on me. I woke up with it on me. [BREATHING HEAVILY]

Therapist: [IN A CALM SOOTHING VOICE] Use your breath Maxine. You're here with me, Marjory. In America. That's it. Let's breathe together.

[MAXINE AND THERAPIST DO SOME DEEP BREATHING AND MAXINE STARTS TO CALM DOWN AND STOPS DRY HEAVING]

Maxine: Do you think I'm a freak too? [SQUINTS EYES AND GLARES AT THERAPIST] I probably am a freak. [DROPS HEAD – STARES AT FLOOR] Who am I kidding? I will never be able to have a normal life. Nobody will accept me. I should have just killed myself then. [JERKS HEAD UP TO LOOK DIRECTLY AT THE THERAPIST. HER VOICE BECOMES MORE AGGITATED.] You'll make sure they never send me back, won't you? Won't you? Will I ever see my children again?

Key teaching points

What the interpreter's role is (and what it is not):

- It is not the interpreter's job to intervene or reassure Maxine. That is the job of the therapist.
- The interpreter's job is to interpret.
- Be aware that survivors may have strong reactions. This awareness can help to reduce the risk that you will become anxious or shocked or that your reactions will interfere with your interpreting.
- Don't focus on assessing whether the provider is competent or sufficiently trauma-informed.

Who are the survivors?

In the introduction to this module, we said that the focus will be on interpreting for refugees and asylum seekers who have been tortured. But what is the difference between a foreign-born resident, a refugee and an asylum seeker?

Here is an explanation:

Foreign born

Anyone who was born in a country other than where they currently reside is foreign born.[5] Such individuals may or may not have experienced torture and/or war trauma. Some foreign-born individuals are granted the status of permanent resident in the country of their residence and eventually citizenship.

Torture Is Condemned

Torture cannot be justified under any circumstances. The UN has condemned torture as a denial of the purposes of its charter and as a violation of the human rights and fundamental freedoms proclaimed in its Universal Declaration of Human Rights. Torture is also prohibited by most domestic legal systems in the world. Even where there is no specific crime of torture in domestic law, there are usually other laws under which the perpetrators can be held to account. Nevertheless, acts of torture and ill treatment remain widespread across the world.

—United Nations. (2021, June 26). International Day in Support of Victims of Torture, 26 June. https://www.un.org/en/observances/torture-victims-day

The difference between refugees and asylum seekers

First, a refugee is a person who has fled their country and is unable to return due to a well-founded fear of persecution. The persecution could have been because of race, religion, nationality, political opinion or membership in a particular social group.

To obtain the legal status of refugee, the person must go through a legal process—typically outside their native country—that shows it would be harmful for them to return to that country. If successful, the person then obtains refugee status. This status usually confers a number of benefits, including the opportunity to be resettled into a new country willing to receive them. The refugee will also typically be eligible for a number of benefits such as social services, healthcare, education and work permits. Many countries around the world take in refugees.

Asylum seekers (the common international term) or refugee claimants or asylum claimants (Canada) are individuals who seek refugee status within a certain period (usually one year) of entering a country. They must declare their intention after having arrived in the destination country to apply for asylum/refugee status due to persecution in the former country. Such individuals often come with few belongings and little or no documentation.

5 There are legal exceptions to this status that this book will not address. For example, if you were born abroad to U.S. parents and currently reside in the U.S., you are not considered "foreign born" because you are a U.S. citizen.

If immigration officials decide these individuals have not faced true persecution in the legal sense, they are sometimes immediately deported in a procedure known as expedited removal. Others may be detained. Tens of thousands are held in detention in the U.S., Canada and around the world for months or years as their status is decided. Others remain outside detention centers and proceed through a legal process that can take years.

Defining Torture and Violence

UNHCR encourages a broad interpretation of the terms "torture" and "violence" when considering the resettlement needs of refugees who have suffered extreme forms of abuse.

Violence itself is an extremely diffuse and complex phenomenon, and defining it is not an exact science. Notions of what is acceptable and unacceptable in terms of behaviour and what constitutes harm, are culturally influenced and constantly under review as values and social norms evolve. A useful definition has however been produced by the World Health Organization:

***Violence** is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation."*

—UNHCR, 2011, p. 251

Throughout this process, asylum seekers face tremendous challenges as they may or may not be entitled to any, or only some, of the government benefits available to residents or even refugees. Around the world, every country has its own laws or policies related to asylum seekers and the benefits or services they receive. In Europe, for example, where European Union (EU) law provides some protections for asylum seekers, the housing, support and other benefits, such as work permits, that asylum seekers receive vary from country to country.

In the U.S. asylum seekers are not eligible for government benefits of any kind and at this time (2022) are not eligible to apply for work authorization until 150 days after their application for asylum is received by immigration authorities (if the work authorization is accompanied by a membership card to the Asylum Seeker Advocacy Project) or otherwise, 365 days after their application for asylum is received (USCIS, 2022).

In Canada, by contrast, and some other countries, refugee/asylum claimants are eligible for social assistance, education, health services, emergency housing and legal aid while the decision on their claim is pending. The majority can also apply for a work permit after they complete a medical examination.

In the United States, an individual may become an *asylee* (essentially a refugee who receives refugee status after, and not before, entering the U.S.) after being granted asylum following an interview by an officer from the U.S. Department of Homeland Security. If not approved at the initial interview, the asylum seeker may be referred to court for a defensive hearing before an immigration judge who will make the decision.

Once an asylum seeker has obtained asylum, that person is referred to as an asylee in the United States and as a refugee in most other countries.

In Canada, all eligible refugee claimants receive a hearing at the Immigration and Refugee Board (IRB), an independent, quasi-judicial tribunal. After receiving a favorable decision on their refugee claim, claimants receive protected person status, meaning the person is

allowed to stay in Canada and can apply for permanent residency and, eventually, citizenship. They can include any immediate family members living overseas on their permanent residency application.

Every country has its own, slightly different legal process for granting asylum. However, as you can see from these examples, the process is stressful and often long and difficult.

In addition, the United States, Canada and many other countries around the world also accept resettled refugees, that is people whose refugee status has already been determined abroad by an organization such as the UNHCR. In the case of Canada, for example, while asylum seekers/refugee claimants usually make their claim at the port of entry into Canada, resettled refugees are screened abroad and undergo medical and security checks prior to receiving a visa to enter Canada as permanent residents (Immigration, Refugees and Citizenship Canada, 2021). In the U.S., however, refugees are not immediately granted permanent resident status.

Medical examination

As an interpreter, it is important to become familiar with the process for determining refugee status and the specific legal terminology used in the country where you interpret. This will allow you to ensure the accuracy of the interpretation and a thorough understanding of the context in which you are interpreting. As discussed above, each country has established its own laws and practices around immigration.

Anecdotally, the authors have heard examples where poor interpreting has led to the denial of either refugee or asylum status. These tragic examples can end in deportation, which puts the lives of these individuals at risk and can lead to further trauma and disasters both for them and for their families.

Survivors of torture and war trauma

It is estimated that torture is occurring in 150 countries in the world. Of concern is the fact that significant numbers are signatories of the UN Convention against Torture (UNCAT) as noted by a study completed by the U.S. National Consortium of Torture Treatment Programs (NCTTP, 2015). Of those individuals entering the U.S. as refugees or asylum seekers, at least one-third are survivors of torture.

One U.S. study (Crosby et al., 2006) showed that up to 11 percent of foreign-born residents seeking primary care in an urban hospital were torture survivors.

What is torture? Who perpetrates torture and why?

The most widely accepted definition of torture is contained in Article 1 of the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT):

> *"Torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions* (UNCAT, 1984).

An important element in the definition is that torture occurs when an individual or a group of individuals *intentionally* harms a person by causing severe mental or physical pain or suffering. Furthermore, the harm may be done directly by the government or other authorities, or by others in cases where the government is either involved in such acts or intentionally allowing them to happen. Finally, torture can be used as punishment or as a method to coerce (pressure, threaten or force) a person into giving information or making a confession. It can be used as a means of persecuting a person for any reason because of their nationality, religion, race, membership in a social group or political opinion. For example, a Coptic Christian in Egypt or a Falun Gong practitioner in China may be tortured. Gay and lesbian men and women may be tortured in South America. Members of political parties who are fighting for democracy in their countries can be targets of torture.

Torture deeply harms the individual, their family and other loved ones, and the entire community. When governments or other forces within a community engage in torture, it is also meant to spread fear and silence people and opposition groups.

Some of the most common methods of physical torture include beatings, electric shocks, overstretching, prolonged submersion, suffocation and burns. Rape and sexual assault of both men and women also occur frequently.

Psychological forms of torture and ill treatment, which often have the most long-lasting consequences, include such things as sensory deprivation and isolation, threats of death or mock executions of the individual or of their family members and witnessing the torture or death of others.

Often a person is subjected to multiple types of torture. They can evoke a sense of hopelessness and lack of control in the person being tortured.

Defining trauma

In the field of mental health, "trauma" refers to a specific kind of event that is emotionally overwhelming and may involve actual or threatened death, serious injury or threat to one's physical integrity. A traumatic experience can be an act of nature, such as living through a hurricane or tsunami, or it can be a human-perpetrated act, such as rape or torture.

Not all reactions to trauma are severe. They can range from relatively mild to severe and debilitating reactions that may result in disruption in the person's life. A strong traumatic stress response, such as those experienced by many torture survivors, typically involves a reaction of intense fear, helplessness and/or horror.

Torture is an intense experience or series of experiences in which individuals lose control of their life while one or more people consciously and intentionally cause the individuals severe harm. Perpetrators are often police or soldiers who have been instructed to do harm, thus causing civilians to feel betrayed by their government. Systems may be established in countries that condone government-sanctioned torture.

Torture is viewed by many as the most extreme form of trauma that a human being is likely to experience in their lifetime. For interpreters, this means that the skills and knowledge that enable them to successfully interpret for a survivor of torture will most likely assist them in interpreting for other forms of trauma.

Some experiences of torture, such as prolonged or repeated torture or multiple types of torture, are an example of what many in the field refer to as "complex trauma" (Briere & Scott, 2021).

Simple vs. Complex Trauma	
Simple Trauma ▸ Noninterpersonal ▸ Limited exposure—may be a single incident ▸ Shorter duration ▸ Onset of traumatic exposures more likely to be at later stage of development ▸ Support of caretaker/family ▸ Secure attachment with primary caretaker(s)	**Complex Trauma** ▸ Interpersonal ▸ Multiple exposures of different types of trauma ▸ Longer duration ▸ Onset of traumatic exposures may have begun at an earlier stage of development ▸ Less or no support of primary caretaker/family ▸ Insecure attachment

Defining war trauma

In this program, "war trauma" refers to the trauma experienced by civilians who have been caught up in a war, such as in former Yugoslavia, Rwanda and Syria. The number of such humanitarian crises has increased around the world. The perpetrators can be individuals or groups of combatants who do not follow acceptable codes of behavior during war. The atrocities committed against civilian populations include such things as the burning of villages, forcing civilians to leave their homes and the widespread rape of women.

Such humanitarian emergencies are characterized by human rights abuses on a colossal scale, often involving mass killings and other atrocities (Leaning et al., 1999). They are systematic and intentional actions orchestrated by those in authority to support their aims.

For example, Guatemalan women in a small village described dark quiet nights during the civil war when soldiers would come down from the mountains to rape them. A man from Sudan described night raids during which villagers were attacked and had limbs amputated and homes burned to the ground by soldiers who terrorized the community.

Intake and Torture Survivors

Whether for medical, mental health or legal interpreting, even a simple intake is immensely delicate when interviewing torture survivors.

As a result, providers have learned to keep intake questions short and simple to avoid re-awakening serious pain.

As one psychologist commented, the intake questions focus on such things as "Was anybody in your country that you know ever hurt? Just yes/no questions, because we don't want them disclosing all over the place and have no place to hold that, and then they're all alone."

The idea is that if, during an intake, a survivor's psychological wounds are reopened but the survivor is not yet receiving mental health services, even an intake interview could cause potential hurt and damage.

Sexual violence

Sexual violence can occur during torture or within a situation of war trauma. It may occur in the country of origin, during transit and even in countries where individuals have sought safety. It may involve one perpetrator or a group of perpetrators, for instance, in cases of gang rape.

In addition to physical harm and psychological damage, in all cultures sexual assault carries with it a social stigma that amplifies the traumatic consequences of the violence. The disclosure of sexual trauma may even result in being ostracized by one's family and/or community.

For example, a young Ethiopian woman in treatment for three years has yet to tell her husband of her rape. She truly believes that if she were to tell her husband of the events that occurred four years ago, she would be rejected and her children taken from her. In some cultures, an experience of sexual assault interferes with one's ability to marry. The stigma of sexual assault can in this way isolate the survivor and serve as a barrier to seeking care and support.

Rape and other forms of sexual assault occur throughout the world and are often used as systematic tools of torture and repression. High rates of sexual assault of both men and women are noted among those who seek treatment at all torture treatment centers, although it is thought that these reported rates underestimate the true extent of the problem.

Who perpetrates torture and why it is used

As described previously, according to the UNCAT definition, torture is committed by individuals acting in an official capacity, such as police, secret service or members of the military. Torturers are men and women with families of their own. They span a wide range of ages, religions and nationalities.

Where Torture Takes Place

A number of other international human rights instruments prohibit torture and other forms of ill-treatment and have established monitoring bodies.

Yet, according to a 2014 report by Amnesty International, torture was reported in 82 percent of the world's countries.

—OHCHR, 2002, p. 15
—Amnesty International, 2014

Perpetrators of these actions are sometimes poorly trained irregular combatants who do not respect international humanitarian law's protection of civilians. In other cases, the perpetrators themselves have been tortured at the hands of their leaders and go on to torture others. In most cases, leaders force others to perform torture as a means of control. Medical professionals have been known to be present during torture or to take an active role in it (Siddiqui, Civaner, & Elci, 2013).

The purpose of the perpetrator remains the same: Torture and war trauma are used as a means of harming the individual and the community. They are used in part because they can keep a community silent when those living in the community find it too dangerous to acknowledge, talk about or oppose such harm. Speaking out for one's rights, for democracy or for a particular political candidate becomes unsafe, thus accomplishing the government's goal of oppressing the population. People remain silent in an attempt to keep themselves and their families safe.

Implications for interpreters

The information above can be summarized in a simple statement: The work that you do when you interpret for survivors of torture, war and refugee trauma may be the most intense work you ever perform. That said, it will prepare you well for interpreting for clients who have experienced almost any form of trauma.

If you learn to interpret effectively for torture survivors, with compassion and yet also with a degree of professional detachment, you will develop a critical skill set. Interpreting for those who have suffered and survived perhaps the most intense pain that a human being can experience will help you hone interpreting techniques and strategies that serve you well in every other area of interpreting.

Activity 1.1: Frame story: *The Healing Club*

Instructions for classroom

Part 1

1. You will now watch the first 8:15 minutes of an internet video: *The Healing Club*.[6]
2. In small groups, take the next few minutes to speak together about your thoughts, feelings and reactions to the video.
3. Please remember that we have agreed to keep confidentiality during this training. Also, know that each of you can say as much or as little as you wish to.
4. Let the trainers know if they can help you as this video is discussed in your group.
5. You need not comment if you do not wish to do so.

Part 2

1. Imagine that you, or an interpreter you know, will now be asked to interpret for one of the survivors in the video. Have one of your group members take notes.
2. Together, list any challenges that there may be while interpreting for such a survivor.
3. List a strategy or a solution for each challenge you identify.
4. Have one person present the list to the full group.

Instructions for self-study

Part 1

1. Watch the first 8:15 minutes of *The Healing Club*.
2. In your journal, write down your thoughts, feelings and reactions to the video.

Part 2

1. Imagine that you, or an interpreter you know, will now be asked to interpret for one of the survivors in the video.
2. List any challenges that you might experience while interpreting for such a survivor.
3. List a strategy or a solution for each challenge you identify.

Section 1.2: The impact of trauma on the survivor

Objective 1.2

After completing this objective, you will be able to:

List some of the possible mental health consequences of trauma and torture.

6 To access the video, go to: https://www.youtube.com/watch?v=Ovzd3zKxEsw

What are some of the physical and psychological consequences of torture?

The impact of torture

The impact of torture and war trauma can be different for each individual survivor. Torture can impact their physical health, relationships with family and friends, emotional health, ability to work and more.

The impact can be related to many things, such as their age when harmed, the number of times that they were imprisoned, or their belief that they were a target for harm because of their cause (Başoğlu et al., 1994a). The degree of harm may vary, for example, between individuals who were "caught up" in the situation versus those who were committed to a "cause" that they were fighting for (Başoğlu et al., 1997).

The amount of support that they have from family and the community (Başoğlu et al., 1994b), and their spiritual beliefs (Holtz, 1998) may also determine the way in which the individual experiences the harm and the degree of impact on their life.

It is not unusual for survivors of torture and war trauma to have suffered physically. See Table 1 for a summary of some of the common physical consequences of torture.

A physical examination can be difficult for both the survivor and the doctor. Patients may not inform their doctors of their history of torture and war trauma (Crosby et al., 2006). When a survivor is placed in a small examination room or surrounded by a curtain, when they are touched or looked at by a doctor or when they see various medical instruments, it may cause them to recall their trauma with vivid detail and may prevent a full examination from occurring.

It is important to remember that for survivors, pain and scars are ongoing reminders of horrific past experiences. It is also important for providers to speak with their patients first about the examination and what it may entail, give their patients choices and be prepared to allow more time for an examination with a survivor.

As with other forms of trauma, survivors may feel great shame related to their experiences, which can make it difficult to talk about them. Often, survivors fear that they may be rejected upon disclosure of what happened to them or that they may be misunderstood or, even worse, not believed.

When the experience of torture involves intimate betrayals, in which survivors may personally know their tormenters (such as their neighbors, their baker or butcher down the street, a former classmate or someone from their religious congregation), the experience of betrayal raises the degree of trauma to yet another level. Such betrayals may significantly erode one's ability to trust others. For example, being tortured by someone from their community greatly affects survivors' integration into a new country because it interferes with their ability to find or create a support network.

In addition, individuals may have difficulty learning how and where to get support because they find it difficult to talk about what happened to them. It is common for survivors even after being in a new country for a period of time to feel that they have made no friendships. Sometimes making friends is difficult because they fear leaving their home and may find it difficult to trust others.

Table 1. Some Common Physical Findings in Torture Survivors
(adapted, Piwowarczyk et al., 2000)

Skin	Face	Chest/ Abdomen	Musculoskeletal System	Genitourinary System	Central Nervous System
Generalized skin disease including signs of vitamins A, B and C deficiencies Pretorture lesions Lesions inflicted by torture, such as bruises, cuts, puncture wounds, burns from cigarettes or heated instruments Electrical injuries Baldness Nail removal Lesions (localizations, symmetry, shape, size, color and surface)	Evidence of fracture, swelling or pain; examination of all nerves Eyes: bleeding in the eye or its support structures, dislocation of the lens, visual loss Ears: eardrum rupture, hearing loss, drainage from the ear Nose: alignment and deviation of the nasal septum Jaw, oropharynx, neck: dislocation or fracture of the jaw, temporomandibular joint syndrome, disturbance of the voice box, bleeding or inflammation of the gums Oral cavity/teeth: removal of teeth, broken teeth, dislocated fillings and broken prostheses, dental cavities, gum inflammation and lesions	Lesions of the skin Pain, tenderness and discomfort related to injuries of the muscles, ribs or abdominal organs Retroperitoneal, intramuscular and intraabdominal localized collections of blood	Musculoskeletal aches and pains Changes in mobility of joints Pain with motion, chronic loss of joint motion due to structural changes in nonbony tissue Strength changes Compartment syndrome Fractures with or without deformity Dislocations	**In females** Bruises, cuts, tears Bleeding or vaginal discharge Sexually transmitted infections (including human immunodeficiency virus) Scarring and deformity **In males** Pain and sensitivity Collection of blood or fluid in the scrotum Testicular torsion Erectile dysfunction Shrinkage of the testicles and scarring Anal region: fissures, rectal tears, scarring, skin tags and drainage	Cognitive and mental status changes Motor and sensory neuropathies related to trauma Vitamin deficiencies or other diseases Damage to individual nerves or groups of nerves Cranial nerve deficits Increased sensitivity to pain Numbness Increased sensitivity to the senses and/ or change in position and temperature

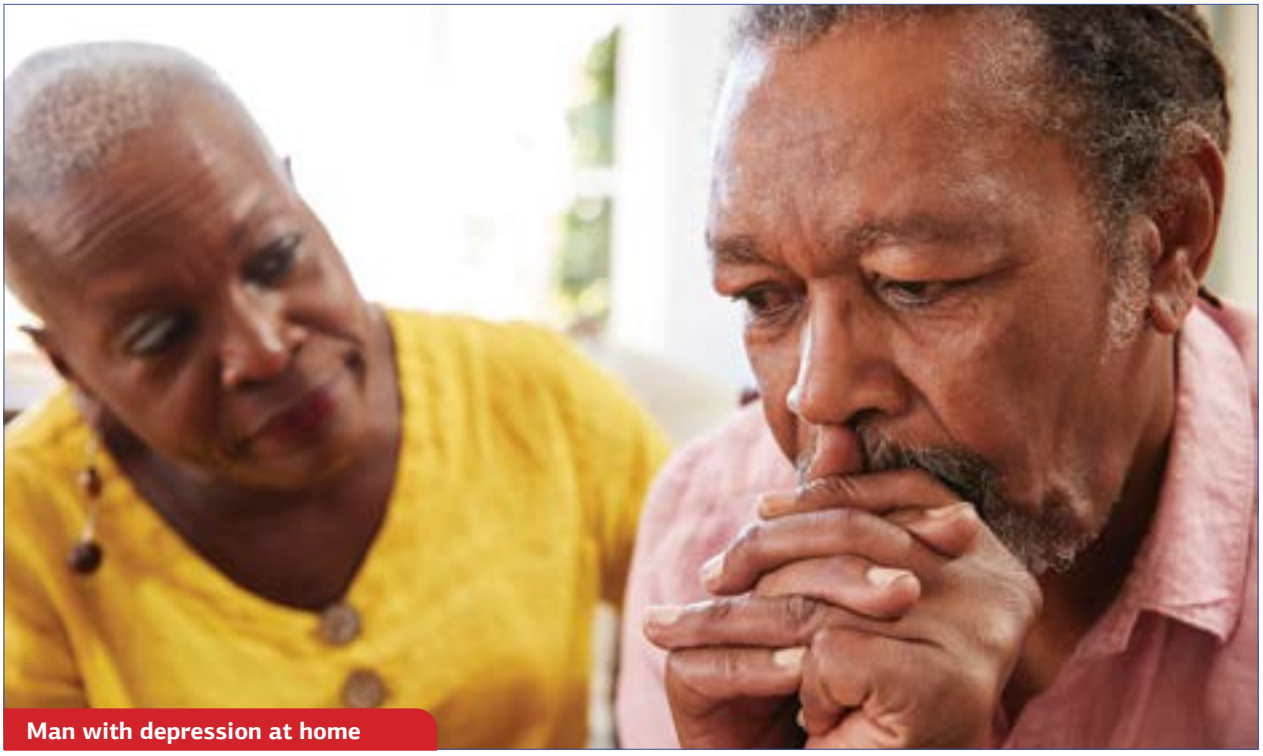
Diagnoses

In the U.S., Canada and a number of other countries, diagnoses of mental disorders are made on the basis of categories published in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5*[7] (American Psychiatric Association, 2013). Some of the disorders listed in that manual that most often affect survivors are discussed below.

Depression

Depression is one of the most common diagnoses for survivors and it may make it difficult for them to enjoy daily life. Days may be filled with sadness and tears.

Survivors may find that they no longer are interested in many aspects of their lives that they used to enjoy. They may no longer want to go to the church or mosque. They may stop reading, even if reading was something that they once enjoyed. They may have an increase or decrease in appetite. Some individuals are unable to sleep or may find themselves sleeping too much. Individuals may feel that they have no energy. Some experience significant difficulty with their memory, including their ability to learn new information.



Man with depression at home

[7] This standard diagnostic manual is known as *DSM-5,* which stands for *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. This work is published by the American Psychiatric Association to help classify mental disorders. The *DSM*-5 is used in the U.S., Canada and many other parts of the world. It is, however, important to keep in mind that there can be cross-cultural variations on how emotional distress is demonstrated and perceived.

The full criteria for major depressive disorders are found below.

DSM-5 Criteria for Major Depressive Disorder

A) Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly attributable to another medical condition.

- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children and adolescents, can be irritable mood.)
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (**Note:** In children, consider failure to make expected weight gain.)
- Insomnia or hypersomnia nearly every day.
- Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

B) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C) The episode is not attributable to the physiological effects of a substance or to another medical condition.

Note: Criteria A–C represent a major depressive episode.

Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.

In distinguishing grief from a major depressive episode (MDE), it is useful to consider that in grief the predominant affect is feelings of emptiness and loss, while in MDE it is persistent depressed mood and the inability to anticipate happiness or pleasure. The dysphoria in grief is likely to decrease in intensity over days to weeks and occurs in waves, the so-called pangs of grief. These waves tend to be associated with thoughts or reminders of the deceased. The depressed mood of MDE is more persistent and not tied to specific thoughts or preoccupations. The pain of grief may be accompanied

by positive emotions and humor that are uncharacteristic of the pervasive unhappiness and misery characteristic of MDE. The thought content associated with grief generally features a preoccupation with thoughts and memories of the deceased, rather than the self-critical or pessimistic ruminations seen in MDE. In grief, self-esteem is generally preserved, whereas in MDE feelings of worthlessness and self-loathing are common. If self-derogatory ideation is present in grief, it typically involves perceived failings vis-à-vis the deceased (e.g., not visiting frequently enough, not telling the deceased how much he or she was loved). If a bereaved individual thinks about death and dying, such thoughts are generally focused on the deceased and possibly about "joining" the deceased, whereas in MDE such thoughts are focused on ending one's own life because of feeling worthless, undeserving of life, or unable to cope with the pain of depression.

D) The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

E) There has never been a manic episode or a hypomanic episode.

Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition.

—American Psychiatric Association, 2013, pp. 160-161

Suicidal ideation or suicide attempts

At times, survivors may feel intense hopelessness and despair. Individuals may have thoughts of not wanting to live any longer or may pray each night that they will die before morning. At times, these thoughts go further and individuals begin to consider ways in which they could hurt or kill themselves. Because of this, the interpreter may observe clinicians doing a suicide risk assessment upon meeting new patients and also on an ongoing basis. Depending on the level of risk, it may be necessary to consider hospitalization.

Generalized anxiety

Anxiety is a common effect of torture as well. Generalized anxiety disorder refers to uncontrollable excessive anxiety and worry that interferes with one's ability to function in life. Someone may find that their worries prevent them from focusing on tasks at hand. Anxiety is associated with at least three of the following symptoms: restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or having one's mind go blank, irritability, muscle tension or having problems with sleep.

The course of anxiety is often chronic and fluctuating. It commonly gets worse during times of stress.

The predisposition to generalized anxiety can also run in families. It is common to have generalized anxiety associated with other mood or anxiety disorders or substance abuse or somatic symptoms (American Psychiatric Association, 2013, pp. 189-190).

Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) may develop in response to an extreme stressor that is outside the usual course of life events. Fortunately, due to the presence of inherent resilience or the presence of protective factors, not everyone who is exposed to traumatic events develops PTSD.

In addition to exposure to a traumatic stressor, a person diagnosed with PTSD also develops a constellation of other symptoms, namely those related to re-experiencing the trauma in some way (intrusion), avoidance, negative cognitions and mood, and arousal and reactivity. The full criteria for PTSD are found below.

DSM-5 **Criteria for Post-traumatic Stress Disorder (PTSD)**

Note: The following criteria apply to adults, adolescents, and children older than 6 years.

A) Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

B) Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). **Note:** In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). **Note:** In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) **Note:** In children, trauma-specific reenactment may occur in play.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C) Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D) Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E) Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

F) Duration of the disturbance (Criteria B, C, D and E) is more than 1 month.

G) The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H) The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Specify if:

With dissociative symptoms: The individual's symptoms meet the criteria for post-traumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted). **Note:** To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

—American Psychiatric Association, 2013, pp. 271-272

It is also common for survivors to be triggered by elements in their environment that have some resemblance to their torture. For example, if someone was tortured with water in some way, the simple act of taking a shower can be difficult. If the military were involved in one's experience of torture, seeing people in uniform may make one fearful. Watching a television program in which there are blood, violence or people being arrested can be evocative. Seeing boots similar to those worn by someone who tortured them can bring them back to those experiences. Simple things like the smell of cigarettes can be distressing to a survivor if their tormentor smoked.

The idea of triggering can also extend into clinical encounters. Being asked many questionns can feel like an interrogation. Certain instruments in a medical office may also remind survivors of methods of torture they have experienced or witnessed. This is why medical examinations in particular need to be thoughtfully performed.

We begin to see that common aspects of daily life that we often pay little attention to can take on special meaning for someone who has been tortured. You, as the interpreter, might even notice that the refugee or survivor is showing signs of fear of a dentist's tools, for example, when the dentist has not noticed. (Later sections of this manual discuss what the interpreter's role in such a situation might be.)

The information above is not meant to be exhaustive but to introduce you to some of the more common effects of torture and other traumas.

Risk factors for PTSD

A number of risk factors for PTSD among those exposed to significant trauma have been identified in the literature (American Psychiatric Association, 2013, pp. 277-278), including:

- Lower socioeconomic status
- Parental neglect
- Family or personal history of a psychiatric condition
- Poor social support
- Initial severity of reaction to the traumatic event
- Physical illness
- Being of the female gender
- Higher rates in certain subgroups: e.g., prevalence of 62 percent among Cambodian refugees two decades after resettlement in the U.S. (Marshall et al., 2005); lifetime prevalence of 14.2-16.1 percent among Native Americans (Beals et al., 2005).

Epidemiology of PTSD

PTSD can develop in individuals exposed to a wide range of traumas including (but not limited to):

- Torture
- Military combat

- War trauma (including for civilians in a war zone)
- Sexual violence (e.g., rape, childhood sexual abuse, incest)
- Other violent personal assault
- Natural and human disasters
- Severe motor vehicle accidents
- Diagnosis of life-threatening illness
- Severe physical injury
- Hospitalization in an intensive care unit (ICU)

Prevalence of PTSD

PTSD is surprisingly common. It may affect many individuals that you interpret for in any setting. For example:

- Studies have found that 6.8-12.3 percent of adults in the U.S. suffer from PTSD at some point in their lifetime (Resnick et al., 1993; Kessler et al., 1995; Kessler et al., 2005a).
- In Canada, the prevalence of lifetime PTSD was estimated to be 9.2 percent. Traumatic exposure to at least one event sufficient to cause PTSD was reported by 76.1 percent of respondents. The most common forms of trauma resulting in PTSD included unexpected death of a loved one, sexual assault and seeing someone badly injured or killed (Van Ameringen et al., 2008).
- The National Comorbidity Survey Replication study found an estimated lifetime prevalence of PTSD in 6.8 percent of an adult U.S. population sample (n=9,282) (Kessler et al., 2005a).
- The estimated lifetime prevalence of major depressive disorder was 16.6 percent in the same study. Many trauma survivors suffer from both PTSD and depression (Marshall et al., 2005).
- The one-year prevalence rate of PTSD in U.S. adults has been estimated at 3.5-6 percent (Kessler et al., 2005b).
- A study of U.S. women (32 percent with a history of rape and 31 percent with a history of sexual assault other than rape) found a lifetime prevalence of PTSD of 12.3 percent (Resnick et al., 1993).
- A report released by Statistics Canada found that 12 percent of women who were survivors of physical assault and 15 percent of women who were survivors of sexual assault may experience lifelong physical and emotional consequences consistent with PTSD (Conroy & Cotter, 2017).

Combat veterans, refugees and torture survivors have a higher estimated prevalence of PTSD compared to other groups:

- The estimated lifetime prevalence of PTSD in male U.S. Vietnam theater veterans was 30.9 percent and in females 26 percent (Weiss et al., 1992) with an additional 22.5 percent of males and 21.2 percent of females having a lifetime prevalence of partial PTSD.
- The prevalence of PTSD in four post-conflict societies was estimated at 37 percent in Algeria, 28 percent in Cambodia, 18 percent in Gaza and 16 percent in Ethiopia (De Jong et al., 2001).
- Another study estimated that 63 percent of asylum seekers from 33 different countries met the criteria for PTSD (Masmas et al., 2008).

Refugees and torture survivors have an extremely high prevalence of PTSD.

- A chart review was conducted of 9,025 torture survivors from 125 countries receiving services from 23 U.S.-based torture treatment centers that were members of the National Consortium of Torture Treatment Programs. Of the 1,360 survivors for whom mental health conditions were documented in the dataset, 69 percent were diagnosed with PTSD (73 percent of asylum seekers and 64 percent of the refugees) (NCTTP, 2015).
- A meta-analysis of 181 surveys of 81,866 refugees from 40 countries who experienced mass conflict and displacement found a PTSD prevalence rate of 30.6 percent and a depression prevalence rate of 30.8 percent (Steel et al., 2009).
- Torture, followed by cumulative exposure to traumas, was the factor most strongly associated with PTSD. A high prevalence of past-year PTSD (62 percent) and major depressive disorder (51 percent) was found in a random sample of 490 Cambodian refugees residing in Long Beach, California (Marshall et al., 2005) more than two decades after resettlement, with 42 percent having comorbid PTSD and major depressive disorder. Psychological distress from severe trauma can be long-lasting in nature.

Course of PTSD

There is considerable variation in the course of PTSD across individuals. Most people with PTSD will develop the condition within a few months of exposure to the traumatic event. A quarter, however, will have delayed responses and will not develop PTSD until six months or more after the trauma (Smid et al., 2009).

A person is classified as suffering from *chronic* PTSD if they meet all six criteria of PTSD for a period of three months or more. If they meet all six criteria of PTSD but for less than three months, they are diagnosed with *acute* PTSD.

While many individuals with PTSD have a chronic condition, an epidemiological study of the U.S. population found that one-third of those with PTSD will have recovered by the one-year follow-up (Kessler et al., 2005a). One-third will still be symptomatic for PTSD 10 years after the trauma (Kessler et al., 2005a).

Researchers who studied rates of attempted suicides among young, traumatized adults found an increased risk for suicide attempts among those with PTSD but not among those who were exposed to a trauma but did not develop PTSD (Wilcox et al., 2009). Those with PTSD were 2.7 times more likely to attempt suicide later in life compared to those who experienced a trauma but did not develop PTSD (after controlling for depression and substance abuse, known risk factors for attempted suicide).

Pathophysiology of PTSD

Exposure to trauma can result in biochemical changes in the brain and body in individuals diagnosed with PTSD that can affect their ability to function. The main areas of the brain that have been found to be involved in the development of PTSD are the amygdala, the prefrontal cortex and the hippocampus.

Activity 1.2 (a): Role plays

Instructions for classroom

1. Stand up. Stretch. Breathe!
2. Break into groups of three (one provider, one survivor, one interpreter)
3. Role-play the following two scenarios:
   a) The provider asks the survivor how they have been feeling during the past week. The survivor describes feeling quite depressed and then sits in silence. (When you have finished the role play, switch roles so that everyone plays the interpreter.)
   b) A survivor is telling about their escape from their homeland and then grabs the interpreter's arm, clutching it while continuing to talk.

Instructions for self-study

1. Stand up. Stretch. Breathe!
2. Try to imagine that you are the interpreter in the scenarios above.
3. In your journal, describe how you would feel as the interpreter and what would you do in response to the survivor's long silence or them clutching your arm.
4. Consider discussing your answers with other interpreters studying this manual.

Activity 1.2 (b): Reflections

Instructions for classroom and self-study

Why might a survivor be reluctant to talk about the past?

- _____
- _____
- _____
- _____
- _____

Reasons for reluctance to talk about the past/trauma may include:

Possible Reasons for Reluctance to Discuss Past Trauma	
▸ Fear family may be harmed ▸ Pain and triggering/avoidance ▸ Past is the past ▸ No one will believe me or understand ▸ Why is it important to share? ▸ Not aware that help is available ▸ Hard to trust ▸ Fear that the provider or interpreter may share sensitive information in the community	▸ Survivor's guilt ▸ Shame ▸ Fear further persecution ▸ Cultural/gender/religious differences ▸ Memory differences ▸ Promised others never to tell ▸ Desire to protect the listener(s) (including the interpreter) ▸ Feels like an interrogation

Possible emotional reactions to talking about trauma (e.g., Maxine in the Activity 1.1 (b) role play in this chapter)

- Reliving the experience in the form of flashbacks that can involve sounds, feelings, emotions and behaviors.
- Having intense emotional experiences: agitation, anxiety, sobbing, crying, shouting.
- Difficulty staying on topic.
- Dissociation: Change in consciousness, which disturbs the normally connected functions of identity, memory, thoughts, feelings and experiences. (For example, daydreaming during a boring lecture!)
- Feeling pain in the body.
- Difficulty concentrating and forgetfulness.

Optional Activity: Exploring the impact of torture and war trauma

Instructions for classroom

1. Read Table 1: Some Common Physical Findings in Torture Survivors
2. Imagine that you are interpreting in a dental office for a refugee who was beaten in prison until his jaw was smashed and he lost several teeth.
3. With your partner, discuss the potential impact on the survivor when the dentist makes it impossible for him to speak by drilling on the patient's tooth to replace a filling.
4. Decide how an interpreter might handle this situation.

Instructions for self-study

1. Try to imagine that you are the interpreter in the scenario above.
2. In your journal, try to describe how you imagine the survivor might feel when the dentist makes it impossible for him to speak by drilling on the patient's tooth to replace a filling.
3. Think about how this might impact your work as the interpreter. List things you might do as the interpreter to handle the situation.
4. Consider discussing your answers with other interpreters studying this manual.

Section 1.3: Personal strengths of survivors

Objective 1.3

After completing this objective, you will be able to:

Explore sources of personal strength in the lives of survivors.

Recovery after torture

Recovery takes many forms, but it can and does occur. Recovery may result from obtaining justice, finding safety and/or disclosing to appropriate individuals what has happened.

Recovery also comes from being rejoined with one's family, re-establishing one's sense of self through employment and safe housing and through medical and psychological care. Gaining legal status in one's new country, through a successful asylum application, for example, may have a greatly beneficial effect on recovery. For many people, talking about difficult life events can be helpful and contribute to healing.

In the same way, speaking about horrific events to a compassionate listener or discussing a physical problem with a caring physician may also lead to relief and healing. However, speaking about the trauma requires the survivors to trust someone they do not know, to describe an experience about which they might feel great shame and humiliation and to endure the sense of vulnerability and exposure that often results from discussing horrible experiences.

Recovery after torture

Feelings of self-blame and guilt can sometimes distort the survivor's understanding of what happened to them and their family. With the aid of a provider, through the course of treatment, survivors may come to understand that they were not responsible for what happened to them—which can be liberating and healing.

Explaining the persecution one has experienced to an asylum officer or a judge can fulfill part of the legal requirements necessary to attain political asylum. This, however, may require the individual to describe horrific events before being psychologically ready to do so. The same problem can also occur with family and friends, or as part of legal testimony or other potentially hostile and confrontational situations.

There are many reasons why torture survivors find it difficult to share their experiences. They may have been told that no one will believe them or fear that they will not be believed. For some, the past is the past and their focus is on moving forward. It is difficult to talk about painful things or feel that one is not understood. Moreover, one may fear retribution against one's family for revealing the truth. Symptoms are sometimes triggered by disclosure.

Therefore, it is easy to understand why speaking about torture can be an insurmountable challenge to some people. For others, given the appropriate preparation and environment, sharing their trauma history is often an essential element in healing.

Spiritual and other strong beliefs

It is the *intentionality* of torture that particularly contributes to its traumatic effects. It can seem impossible to understand how any human being would commit such horrific acts.

As a result, grappling with the existential issues that arise from these experiences can be central to the process of healing. Why did this happen to me? Where was God? Why did God abandon me? Why live? What for? Who cares if I live or die? Torture can challenge spiritual constructs because its point of impact is upon the essence of human dignity (Piwowarczyk, 2005).

Calhoun and Tedeschi (1999) recommend an assessment as to the degree to which spiritual beliefs may have been shaken, shattered and modified as a result of torture. At the same time, for some, their faith was and has been strengthened as a result of their experiences and they have viewed the presence of God as central to their survival.

Trust and safety concerns

After experiencing trauma, particularly in cases of torture, rape and other such violence, one's sense of safety, trust in others and ability to impact the world are often fractured. For example, some survivors have witnessed their own children being killed in front of them. Such an event often leaves the survivors believing that they cannot trust anyone. They may rarely feel safe and may feel helpless because they have been unable to stop the violence in their community.

From developmental psychology, we know that a critical first step in infancy is to learn that the world is a safe space and that people can be trusted. This trust is established when an infant's environment meets their needs. For example, when infants become hungry and cry, they are taken to the breast or given a bottle. If they find themselves in a crowded and noisy place, they will scream and cry and will be taken to a less stimulating environment, like a small quiet room.

As infants grow into childhood they eventually leave this state of megalomania (feeling they are the center of the world). Under the right conditions, they begin to recognize that they can trust the caretaker to meet their needs and, thus, the world feels like a safe space.

Another early childhood foundation is the sense of the "ability to impact the world." For example, initially infants may swing their arms in the direction of a hanging mobile. As infants develop, they learn that they can hit the mobile and make it move. Their actions cause a reaction.

Infants who had cooperated with being fed eventually learned that if they pushed away the spoon, they could prevent having the food put into their mouths. These two examples are critical in the infants' life as they learned that they have the ability to "impact their life."

In individuals who have experienced torture and trauma, these three components of life—safety, trust and the ability to impact the world—are fractured. Basic assumptions about life are shattered. The experience leads to an individual losing the sense that they are safe in the world and that they

can trust. If they never developed an adequate or healthy ability to trust as a child, the experience of torture can make this even worse.

Additionally, individuals have experienced firsthand the loss of an ability to impact the world. They could not stop the torturer from beating them or stop the perpetrator from raping them.

Thus, when working with survivors of trauma, the first step is to help the individual re-establish (or establish) a sense of safety, trust and the ability to impact the world. Only when these needs are met can a person begin to tell their trauma story.

It is essential to create a situation in which the survivor can gradually feel safe, trust the provider and the interpreter and have the ability to impact the situation by deciding such things as when to stop the session and when to take a break. Giving the survivor the opportunity to make choices about many aspects of the encounter is essential.

Resilience and post-traumatic growth

While severe trauma has the potential to induce severe distress and dysfunction in survivors, there is also the possibility of resilience, adaptation, effective functioning and post-traumatic growth following severe trauma. Resilience has been found to be the most common outcome of potentially traumatic events (Bonanno, Westphal, & Mancini, 2011).

Luthar and colleagues (2000) define individual resilience as a dynamic process in which individuals exhibit positive behavioral adaptation to significant trauma, threats and tragedy. Clinicians often talk about resilience as the ability to bounce back after extreme stress, return to stable functioning and adapt and cope effectively after adversity

Post-traumatic growth (PTG), a concept developed by Tedeschi and Calhoun (2004), involves a positive change in an individual exposed to trauma. The positive changes may be:

- A greater sense of personal strength.
- An ability to develop more intimate personal relationships.
- A greater appreciation of life.
- A recognition of new possibilities for one's life.
- Spiritual development.

The development of PTG allows people to achieve a level of adaptation above that which they had achieved prior to the trauma. PTG results from the individuals' attempts to adapt to major life crises or other traumas that normally cause distressing psychological reactions. PTG takes place when individuals experience positive changes as a result of struggling with their new reality in the aftermath of trauma.

Note that post-traumatic growth is also possible for interpreters who experience secondary trauma caused by interpreting for survivors of major trauma (Splevins et al., 2010). Secondary trauma for interpreters will be discussed in Module 3.

Activity 1.3: Survivor resilience

Instructions for classroom

1. Break into groups of three. Each group will be assigned one scenario (from the scenarios below).
2. Read your scenario.
3. For every scenario, discuss the questions that follow it.
4. See if your group can agree on an answer. (You may have more than one answer.)

Instructions for self-study

1. Choose one or more of the scenarios below. Read the scenario and then answer the questions that follow in your journal.
2. Consider discussing your answers with other interpreters studying this manual.

Scenario 1: A man and his brother

You are interpreting for a young man who describes how the rebels in his country tortured him because of his political views and murdered all of his family members except for his youngest brother. He talks about how he escaped to the U.S. to find safety but that it was too dangerous for him to bring his young brother with him. He made arrangements for his brother to stay with family friends in a different part of the country from where the rebels attacked their family.

A young man communicates with his brother

Before the young man escaped, he also arranged to adopt his brother. He is distressed that his asylum proceedings are taking so long because he plans to sponsor his brother (adopted son) through the family reunification program once he obtains asylum. In the meantime, he has been studying computer information systems and has obtained a job so that he can prepare himself to support his brother when he arrives. He communicates with this brother every week by phone and encourages him to study and show respect to the family friends who are taking care of him, as their parents would wish. The client has gradually made several close friends in the U.S. and reports that his depression is lifting and he feels a renewed sense of purpose and meaning in his life in caring for his brother.

a) What would you identify as the survivor's vulnerabilities?
b) What would you identify as the survivor's strengths?
c) What do you think helps this person be resilient?
d) What feelings do you experience when hearing a story of great courage?

Scenario 2: A spiritual crisis

The client is a Christian woman in her 40s who had been volunteering in poor Christian neighborhoods in her country when she was abducted by the military, raped and detained for a month. Her abductors threatened her with death if she did not convert to the dominant religion of the country.

She resisted and was repeatedly beaten. She lost consciousness several times. The client shared that she was thrown into a spiritual crisis during her torture, as she was not able to feel God's presence with her no matter how hard she prayed for that. Over the course of the past six months in treatment with a clinician (for whom you have been interpreting), the client works through the spiritual crisis she has struggled with and reports that her faith and belief in God have been strengthened.

Beaten volunteer

a) What would you identify as the survivor's vulnerabilities?
b) What would you identify as the survivor's strengths?
c) What do you think helps this person be resilient?
d) What feelings do you experience when hearing a story of great courage?

Scenario 3: Surviving a civil war

Ana, a mother of five and grandmother of three, narrowly escaped from her country in the midst of a civil war. She managed to lead her own family members through a mountain pass she used for trading and crossed the border to a safer neighboring country. After seeing that her family were fed and settled, she went back over the pass to look for her best friend and neighbor.

She had to hide in the forest for hours at the edge of her village when she saw that the military forces were still there, looting the houses and killing those they found left behind. The next day, after she felt certain that the military were gone, she went to the home of her best friend and neighbor and found her hiding in a secret compartment behind the closet. Her friend was terrified and weak. Ana carried her back into the forest, fearing that members of the military might return.

After comforting her friend and feeding her with nuts and fruit she brought with her, Ana led her friend over the pass to safety. Ana managed to find a way to take her entire family and her friend with her to Canada and has found full-time work as a caregiver for an elderly man.

a) What would you identify as the survivor's vulnerabilities?
b) What would you identify as the survivor's strengths?
c) What do you think helps this person be resilient?
d) What feelings do you experience when hearing a story of great courage?

Module 1 Review

Key points to remember

1. Torture is a particular type of trauma. It involves any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining information or a confession, punishment or coercion, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted intentionally with the involvement or acquiescence of someone acting in an official capacity.
2. Torture deeply harms the individuals, their families and the entire community. When governments or other forces within a community engage in torture, it is also meant to spread fear and silence people.
3. "War trauma" involves trauma experienced by civilians caught up in a war when combatants commit atrocities against the civilian population. Women and children are particularly vulnerable. Complex humanitarian emergencies are also characterized by massive human rights abuses on a colossal scale, often involving mass killings.
4. The impact of such trauma is lasting, severe and deep. Mental health services are often a critical part of recovery, and without language assistance from interpreters it may be difficult or impossible to achieve recovery.
5. Survivors of torture and other major trauma may manifest a wide variety of symptoms during mental health, medical and legal appointments. These symptoms may appear unusual to interpreters and may create special challenges for the interpreted session.
6. The impact of witnessing such symptoms as they manifest themselves may mean that interpreters will need avoid intervening as much as possible. They will also need to learn and practice specific, helpful strategies to manage their emotional and behavioral responses.
7. Post-traumatic stress disorder (PTSD) is a common diagnosis among those who have experienced an extreme stressor such as torture, war traumas and sexual violence. The hallmark of PTSD is the development of a constellation of symptoms related to re-experiencing the trauma in some way, avoidance and hypervigilance.
8. An estimated 6.8–12.3 percent of adults in the U.S. suffer from PTSD at some point in their lifetime while 3.5–6 percent have been estimated to have PTSD in the past one year (Resnick et al., 1993; Norris, 1992; Kessler et al., 2005b). The estimated past-year prevalence of PTSD among refugees and torture survivors is higher, ranging from 30.6 percent to 62 percent (Steel et al., 2009; Marshall et al., 2005). Similar results were found in studies conducted in Canada.
9. While severe trauma has the potential to induce severe distress and dysfunction in survivors, there is also the possibility of adaptation, effective functioning and post-traumatic growth following severe trauma.
10. Research to date suggests that resilience is the most common outcome of potentially traumatic events.

Review questions Module 1

Congratulations on completing Module 1 of this training manual.

True or false

1. Post-traumatic stress disorder requires that the person experiences negative alterations in cognitions and moods associated with the traumatic event(s). T or F

2. All people who have experienced trauma develop PTSD. T or F

3. It is my responsibility as an interpreter to comfort a patient if they begin to cry during the course of an interview with a provider. T or F

4. As an interpreter, it is wrong for me to be emotionally affected by information that has been disclosed in an encounter. T or F

5. Goals of torture include the following (circle the best answer).
   a) To silence the community
   b) To cause pain and suffering
   c) To destroy families
   d) To silence the opposition
   e) All of the above

Match-up

6. Please match the description in column A to the terms in column B.

A	B
a. Born in another country.	Asylee ("refugee" in other countries)
b. A person who is granted asylum in the U.S.	Refugee
c. A person who has crossed their national border and is asking for protection from the United Nations High Commissioner for Refugees (UNHCR).	Foreign born
d. A person who has fled home due to persecution and is asking immigration authorities to be able to remain in another country as a refugee.	Asylum seeker/refugee claimant

Conclusion

Working with torture survivors requires that health and legal professionals assist individuals from all over the world who arrive in the United States, Canada, or another refugee-receiving country seeking safety. Many survivors have been leaders in their own countries devoting their lives to improving the quality of life of their compatriots. Others belonged to the "wrong" tribe or practiced the "wrong" religion. They may have been persecuted because they were women, HIV positive, or members of a sexual minority.

The goal of service providers in this field is to create an environment that is both welcoming and safe so that patients may heal from their difficult life experiences, establish themselves in their new country, acquire status and be reunited with their families. Interpreters are integral to the entire process. Without them, there is no effective way to provide the services.

In this process of serving, or interpreting for, survivors, we are all witnesses to their extraordinary courage and resilience.

One Psychiatrist's Wish

Question: If you could wave a magic wand, what would you most wish interpreters in this field to be able to do?

Psychiatrist who works with torture survivors: *I would advocate for availability. Every client that needs an interpreter would get one, because that doesn't always happen.*

Module 2:

Impact on Survivors and Interpreters: Managing Your Own Reactions

Introduction

In Module 1 we focused on gaining a deeper understanding of the survivors of torture, war trauma and other major trauma.

In Module 2 you will explore how providers who serve survivors assess someone's mental health status at the time of an interview as well as elements of a psychiatric examination. We will also show through role play a simulation of a torture survivor being interviewed for the first time.

Cultural factors are important to take into consideration when working with survivors. They not only influence our understanding of the problem through the eyes of the survivor but also suggest how to respond in the most helpful ways as interpreters. It is possible during the session to act both as a professional interpreter and a compassionate human being. However, some ways of showing compassion while interpreting may be counterintuitive for interpreters.

Survivors can be triggered by retelling their stories. It is important for us to be aware of the kinds of reactions that may take place because interpreters, through their own spontaneous or intentional responses, can have an impact on survivors—for good or ill. Moreover, as interpreters we too can be affected by the material that is being shared, especially because we serve as a direct conduit for the person's story. We will therefore consider the internal responses that can take place in the interpreter.

Learning Objectives

After completing this module, you will be able to:

Module 2: Impact on Survivors and Interpreters: Managing Your Own Reactions

- Objective 2.1: Understand impact on survivors and aspects of the recovery process.
- Objective 2.2: List some of the possible emotional and behavioral client reactions that may occur during interpreted sessions.
- Objective 2.3: List suggestions on how to manage your reactions to client distress.

What we hope to accomplish in Module 2

We hope that Module 2 will help you to better understand what takes place during a mental health assessment as well as factors that influence whether or not survivors will feel comfortable to talk about what has happened to them. A demonstration role play

using the script in this module is meant to help you anticipate the kinds of questions that may arise in the course of an interview with a survivor.

We also hope you will have a sense of the major steps that comprise the process of recovery in survivors who have experienced trauma. Another goal is to equip you to deal with the emotional reactions that may arise within you and in the survivor being interviewed.

We also hope you learn to ask for a debriefing with the provider or with the interpreting agency you work for after the session, because a debriefing is one of the most beneficial ways you can assess what was going on during the session and think about ways to handle any difficult reactions you may have had—or may have in the future.

A Trainer Speaks

In terms of my training people in the field to interpret for mental health interventions, the biggest issue was that most people had not had access to therapy themselves, which was part of the reason why they did not understand the process. It was about interpreting for [a process] they did not understand or trust.

I had one particular interpreter who was convinced that the client could move faster if we would just let her give suggestions in the therapy session. She was so adamant: she said, "But I don't understand why I can't just participate." It's not her therapy!

Section 2.1: Impact on survivors and recovery

Objective 2.1

After completing this objective, you will be able to:

Understand impact on survivors and aspects of the recovery process.

The mental health interview

Psychiatrists and other mental health professionals often need the assistance of experienced interpreters in order to provide mental health services to survivors of torture, war trauma and sexual violence who come from diverse backgrounds. This type of interpreting requires that the interpreter have command of a specialized vocabulary (see Glossary References).

Depending on the language and culture of the client, some of the mental health concepts you encounter may be hard to interpret directly. For example, even a common word like "flashback" or an everyday clinical term like

Training Interpreters in Mental Health Interpreting

One trainer speaks of the challenges of preparing interpreters in this complex field in a very short program (eight hours). Above all, the trainer focused on guiding interpreters not to interfere with the therapists' work but instead support it by restricting their work to interpreting. This trainer reports:

And then we would launch them in the field and follow up with the interpreters, and we would hear the nurses say, "Not everyone was following the model." You can't change people's behavior in eight hours, because a lot of them had developed their own way of interpreting. Part of it was teaching what interpreting is: Teach it as an empowering tool so they can trust that their words are being heard, especially for people for whom their trust has been betrayed in so many ways.

"post-traumatic stress disorder" can be difficult to interpret smoothly and comprehensibly in many—perhaps most—languages. In some contexts, the mental health professional will find it most helpful for the interpreter to focus on the meaning of the communication.

When performing a mental status exam, however, it is important that the mental health professionals understand the thought process and specific content of the survivor's utterances. Interpreters should not try to make sense of statements by the survivor that simply do not make sense. Any lack of coherence is important information for the mental health professional to know in order to accurately assess the health and well-being of the survivor.

Mental health interpreting

Mental health interpreting is a challenging and complex specialization of interpreting. Pre- and post-session meetings between the mental health professional and the interpreter will be valuable to ensure an effective working relationship so that you can discuss these topics and prepare yourself to interpret in mental health settings.

If you are not engaged directly by the mental health professional/organization, but instead work through an interpreting agency, discuss this with the agency and determine together the best way to prepare for the interpreted session. Some agencies might discourage interpreters from engaging with the service provider individually before or after the session, but they will likely be open to facilitating this process once you explain why it is important and how it will help you do a better job while interpreting.

The mental health interview typically covers a wide range of topics, including:

1. Chief complaint
2. History of present illness
3. Past psychiatric history (e.g., hospitalization, treatment, medications)
4. Medical and surgical history
5. Family history
6. Social history
7. Substance abuse treatment
8. Trauma history
9. Neurovegetative, anxiety, behavioral or psychotic symptoms
10. Review of systems
11. Mental status examination
12. Assessment
13. Plan

The mental status exam is focused on assessing the person's:

- Appearance and behavior
- Attention and alertness
- Speech and language
- Mood and affect
- Memory and orientation
- Thought process and content
- Judgment and insight
- Abstract thinking, knowledge and calculation

The understanding of how and why someone has become ill, as well as methods to restore health, differ across cultures. Kleinman and colleagues (1978) stress the importance of eliciting the patient/client's explanatory model for their illness or condition. They recommend that the clinician ask the following questions:

1. What do you think has caused your problem?
2. Why do you think it started when it did?
3. What do you think your sickness does to you? How does it work?
4. How severe is your sickness? Will it have a short or long course?
5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to receive from this treatment?
7. What are the chief problems your sickness has caused for you?
8. What do you fear most about your sickness?

The therapeutic alliance and the importance of trust

Trust is often shattered as a result of human-perpetrated trauma. One of the most important early (and ongoing) tasks of the mental health provider is to build a therapeutic and trusting relationship with the survivor. This is an ongoing process and requires that the provider (and interpreter) consistently demonstrate that they are trustworthy.

To become credible in the eyes of the survivor client, according to Sue and Zane (1987), it is vital that:

- The conceptualization of problems is congruent with the client's belief systems;
- The means for problem resolution are culturally compatible and acceptable to the client; and
- The client and therapist agree on goals for treatment.

Some refugees and asylum seekers are not familiar with Western therapeutic approaches, and providers must keep this in mind. The therapeutic alliance is formed over time. Providers should explain their role, the purpose of the assessment and interventions and the process to be followed at each step of the way. Providers must be genuine and transparent and should never promise to do or accomplish things that they do not have control over.

Special attention must be paid to explaining confidentiality and the limits of confidentiality to the survivor, recognizing that it may be a foreign concept to many. When working with an interpreter, the mandate to keep the sessions and information about the survivor confidential must be extended to include the interpreter.

The impact of culture

The Merriam-Webster dictionary (2022) defines culture as:

- The customary beliefs, social forms, and material traits of a racial, religious, or social group Also : the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time
- The characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time
- The set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic
- The integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations

A person's culture shapes the:

- Expression of symptoms (e.g., somatic complaints, culture-bound syndromes)
- Conceptualization of problems (e.g., cultural bereavement vs. PTSD), causes ascribed to illnesses, causes of trauma, meaning of trauma/distress
- Coping efforts
- Healing practices

It is vital to remember that it can be dangerous to make generalizations about culture. Generalizations can cause us to wrongly rely on stereotypes, which are simplifications, to explain differences. They can lead to making assumptions about the client that, in turn, can contribute to a host of problems in our interactions with the client.

Our assumptions may be wrong. There are vast individual differences within people who share a similar culture. Individual differences may be due to:

- Gender
- Education
- Intellectual level
- Geographic location
- Religion
- Language
- Family structure

These points are so important that Module 6 discusses them in detail and also if, when and how interpreters may address cultural misunderstandings during a session.

At every stage it is vital for both service providers and interpreters to work together to see each survivor as a culturally unique individual.

Stages of recovery

Herman (1992) argues that there are three main stages of recovery from trauma, including:

1. The establishment of safety:
   - Is someone living in fear or have they lived in fear in the past?
   - Connections may not be made between past trauma and problems in the present.
   - Trauma often involves a loss of power and control.
   - Survivors may feel a lack of safety in relation to their bodies and other people.
   - To establish safety, recovery involves regaining power and control.
   - Survivors will also need to maintain or establish a safe living situation.
   - During therapy the survivor will review important relationships to assess protection, support, help and/or danger.
   - The survivor may need a plan for future protection.
   - Plans for basic safety and self-care are also critical.
2. Remembrance and mourning:

   The survivor may need to focus on:
   - Preserving safety while confronting the past.
   - Life before trauma: relationships, ideals and dreams, struggles and conflicts prior to the traumatic events…:
     a) The event itself.
     b) The survivor's response to it.
     c) Responses of important people in one's life.
   - What they are seeing, hearing, smelling, feeling and thinking.
   - Reconstructing the meaning of the event.
   - Why me?
   - The goal of recounting (telling the story): reintegration.

Another Challenge in Mental Health Interpreting

We had [interpreters] who were evangelical Christians who felt called by a higher authority. They felt their God's authority called them to provide religious calling based on what they had learned in the session but outside the session. That was difficult.

There was one particular interpreter whose husband was a pastor, and she was one of those people who worked overtime and was always giving rides. She didn't have a clear sense of boundaries.

We finally came to a compromise. I said, "I know God's so important to you. Depression is this mental illness they have; they can't really hear what's going on. They can't connect with what's going on around them so they wouldn't be able to connect with a god because they're trapped. [Interpreting] is what we need you to do so they can get better."

- The restorative power of truth telling.
- The reconstructing of trauma—focusing on paradigmatic incidents.
- Profound grief.
- Resistance to mourning.
- Confrontation with despair.
- Evidence of the ability to form loving relationships.

3. Reconnection with ordinary life:

   The survivor in therapy will often come to grips with:

   - Helplessness and isolation—the core expression of psychological trauma.
   - Understanding of victimization, which can increase the sense of power and control, help protect oneself from future danger and deepen alliances with those they had been able to trust.
   - Reevaluating characteristic ways of coping with social situations.
   - Controlling challenges to fear: shedding of victim identity.
   - Reconciling with oneself: not possessed by one's traumatic past.
   - Redefining new hopes and dreams.
   - Becoming more forgiving of themselves.
   - Identifying positive aspects of the self that were forged in the past.
   - Developing compassion and respect for the traumatized victim coupled with celebration of the survivor self.
   - Regaining the capacity for appropriate trust.
   - Feeling autonomous while remaining connected to others.
   - Engaging in issues of identity and intimacy.
   - For some, finding a survivor mission.

Treatment of post-traumatic states

A wide range of therapeutic approaches and techniques to treat post-traumatic states are used. Most include the following components:

- Recovery plan and process.
- Empirically supported psychotherapies such as exposure therapy and training, narrative exposure therapy and cognitive and cognitive behavioral based treatment (such as cognitive processing therapy) to minimize the survivor's level of anxiety, and eye movement desensitization and reprocessing, known as EMDR (VA/DoD, 2017).
- Medication—selective serotonin reuptake inhibitors (SSRIs).
- Supporting the survivor in establishing supportive and therapeutic connections with others (Keane et al., 2006).

There are a number of culturally appropriate intervention principles, including (in part):

- The criteria by which someone is considered an expert and trustworthy are not the same in all cultures.
- The healing process is public in many cultures, deeply private in others.
- The survivor's story is part of a broader political, social and/or cultural narrative.
- The meaning of trauma shapes intervention.
- The level of acculturation should be assessed.
- It can be helpful to use cultural consultants (but this should be someone other than the interpreter: Interpreters generally are *not* cultural or historical experts. See Module 6 for details.)
- Collaboration with Indigenous healer(s).
- The empowerment of the survivor as an expert drawing on the strength of cultural, communal and spiritual foundations.
- Symbolic actions/rituals to assist the grieving process.

Briere and Scott (2021) identify the following components of treatment of post-traumatic stress:

- A respectful and positive approach—provides support and validation within a therapeutic relationship.
- Psychoeducation on trauma and trauma symptoms.
- Training to manage one's emotions and reduce stress.
- Cognitive interventions to address harmful trauma-related beliefs, assumptions and perceptions.
- Opportunities to develop coherent trauma narrative memory processing (e.g., guided self-exposure).
- Processing of relational issues in the context of a positive therapeutic relationship.
- Exploration activities to increase self-awareness and self-acceptance.

In the process of gathering a survivor's trauma history or treating the survivor, experienced trauma clinicians anticipate that the survivor may feel overwhelmed with traumatic memories, have flashbacks or dissociate. Clinicians typically attempt to make the environment of their office and the sessions feel as safe as possible, recognizing that otherwise the survivor may not return for another appointment.

The interpreter should not be surprised if the clinician engages in various strategies in order to calm or "ground" a deeply upset client at times during the sessions, including (in part):

- Identify coping skills and develop strategies with the survivors to calm down that the survivors can use in case they become distraught during or after the session.
- Check on the survivors' physical state—all their senses and how they hold the memory (how trauma is processed and encoded).
- Attention to pace and timing—not pushing beyond the survivors' capacity to handle.
- Give the client control over as much as possible (e.g., how much to tell, environmental factors).

Activity 2.1 (a): Role-play client reactions

Instructions for classroom

1. Stand up. Stretch. Breathe!
2. Break into groups of three (one provider, one survivor, one interpreter).
3. All those who are playing the role of the interpreter—please go over to one side of the room (your trainer will point to one side).
4. The rest of you will have a huddle with the trainer and you will receive your instructions! (Your trainer will take you to the side of the room opposite the interpreter group.)
5. **Instructions for Role play 1:** When asked for details about their interrogation, the survivor has a hard time concentrating and cannot remember many of the details. The therapist is patient while the survivor speaks in short sentence fragments, is repetitive, mumbles and speaks in a disconnected way that is hard to interpret.
6. After Role play 1, you will have another huddle. Someone else in each group will play the interpreter, so go wherever your trainer asks.
7. Your trainer will speak to the non-interpreter group, again, with instructions about the role play.
8. **Instructions for Role play 2:** In the middle of a session, a survivor shares the intense guilt that they feel about not being able to say goodbye to their family before fleeing from home. When the provider probes for more details, the survivor changes the subject and begins talking about the weather in a loud, cheerful voice at a rapid pace for several sentences.

Debrief

- What were the reactions of the interpreter?
- What helped you to navigate this scenario and stay in your professional role as an interpreter?
- How did it feel to play the role of the survivor? The provider?

Instructions for self-study

1. Read the instructions for each role play above.
2. Write down in your journal what you would do, as the interpreter, in each case.
3. If possible, share your responses with any other interpreters studying this manual. Compare and contrast your responses and discuss them.

Why debriefing is important

In the context of your work as an interpreter for survivors of torture and war trauma, it is often helpful to debrief with the provider following a session. Many therapists who work with survivors routinely do this with their interpreters. If you do not work directly with the provider, but through an agency, discuss debriefing with an agency supervisor to find the best solution. They may facilitate debriefing with the provider or offer debriefing with one of their staff after the assignment. Debriefing can be particularly valuable after sessions with a lot of distressing content.

What will you get from a debriefing?

Here is what one therapist hopes that you, the interpreter, will take away from a debriefing session after an encounter:

1. **"Normalization."** It's important that you truly understand how normal and typical it is to have strong feelings after a powerful session. That way you can "give yourself permission" to have those feelings and not feel bad about them. Remember, even therapists and other providers get affected!

A debriefing session

2. **Self-awareness.** A debriefing session should provide an avenue for you to expand your self-awareness (the ability to watch your own feelings, states and behaviors) and grow as a person and as an interpreter. Developing self-awareness is also important, by the way, for the therapist and other service providers, who should continually be seeking to grow and become aware, and it is certainly true for interpreters. The more you understand about why you respond the way you do internally and how those feelings affect you, the more control you have over how you behave, during and after the session. A higher level of self-awareness means you will remain professional yet sensitive to the feelings that arise in you, the client and the provider.

3. **Self-care.** Although a debriefing is never meant as therapy, one goal for the therapist or other provider is to make sure you have a wellness or self-care plan in place. The provider also has a self-care plan, and that's important. Sometimes the provider needs to revise and update that plan. So too with you. Remember, the provider hopes to be able to continue to work with you over time. No one wants you to become exhausted and unable to work. Try to make sure you have a wellness plan in place! We will cover this topic in more detail in Module 3.

What debriefing is not

Debriefing is not therapy. Many times it can be valuable (at times essential) to seek therapy for yourself. This should be done with a different provider, however, than the one who you are interpreting for.

Activity 2.1 (b): Demonstration of debriefing role play

Instructions for classroom

Note: Because this is a demonstration, one trainer could play the role of the therapist while the other trainer plays the role of the interpreter (named Angela). Alternatively, two volunteers with acting skills could play the two roles, but the trainers might know better how to present them This debriefing session takes place after the client has left the room.

Instructions for the interpreter

1. Here is the situation: Do you remember the role play demonstration in Module 1 where the client (Maxine) started to have a powerful flashback and became extremely nauseous as she re-experienced a terrible trauma from her homeland, thousands of miles away?
2. Now imagine this was a real session, and *you* have just interpreted it. Imagine that the client has become extremely nauseous and engaged in deep breathing. You're feeling a bit shaken. Although you have interpreted for this therapist two or three times, never in your life have you seen a client behave that way. You have asked the therapist to meet and debrief after the session.
3. Now you are going to meet with the therapist for a debriefing (in a role play). There is a script below with some comments and questions for the therapist as a guide for this exercise. Use your imagination but try to answer the therapist's questions as if you had really been the interpreter for that role play. You and the therapist will be improvising, but remember that this is not meant to be a therapy session.

Instructions for the therapist

1. There is a script below with some comments and questions for you to use as a guide for this exercise. Use your imagination and improvise, remembering that this is not meant to be a therapy session.
2. Your main goal in this role play is to normalize the interpreter's distressing reactions by helping the interpreter to understand that such emotional responses are often to be expected. You will also provide an opportunity to stress the importance of self-awareness in this work and emphasize the need for the interpreter to develop and implement a wellness plan.

Instructions for self-study

1. Read the role play script or ask a friend or adult family member to help you with this activity by playing the role of the therapist.
2. Imagine how you would respond as the interpreter in the scenario. If you are acting it out, try to respond naturally, as yourself.
3. Write down in your journal any valuable points you learned from reading or acting out this script and performing this exercise.

Role play: Debriefing

Therapist: Angela, I found this session to be very intense today. I found it very difficult when the client became extremely nauseous and had trouble breathing. What was this session like for you?

Interpreter: (*Shares their reaction to what the therapist just said.*)

Therapist: It sounds like these were pretty powerful feelings for you. If it's any help, that can happen to me too. It's normal for therapists, and for anyone, really, to have strong feelings when those kinds of reactions come up.

Interpreter: (*Shares their reaction to what the therapist just said.*)

Therapist: What I've found over the years is that it could be helpful and important for us to talk about that. That's why I wanted to check and see what you felt and how it went for you.

Interpreter: (*Shares their reaction to what the therapist just said.*)

Therapist: I wondered if it was difficult for you when I didn't say a lot in places during the session.

Interpreter: (*Shares their reaction to what the therapist just said.*)

Therapist: I wanted to share with you that I had a reason for not saying too much. Sometimes if I do that, it cuts off the client's ability to process their feelings and get out their emotions. I have to make decisions kind of moment to moment about what is best for the client.

Interpreter: (*Shares their reaction to what the therapist just said.*)

Therapist: Now, as you know, this isn't meant to be a therapy session. But I think it's good for you to know that any human being working in this area can sometimes take the strong feelings away with them. You might be driving home today or seeing a movie tomorrow and suddenly you're remembering what happened today. That may be difficult for you, but it's really not unusual. I just wanted to alert you to all that.

Interpreter: (*Shares their reaction to what the therapist just said.*)

Therapist: I wanted to check in with you to make sure you're taking care of yourself. Do you have a plan to take care of yourself if you develop strong reactions to our session with the client today?

Interpreter: (*Shares their reaction to what the therapist just said.*)

Section 2.2: Client reactions in interpreted sessions

Objective 2.2

After completing this objective, you will be able to:

List some of the possible emotional and behavioral client reactions that may occur during interpreted sessions.

Common emotional and behavioral responses to trauma

Whether during a medical exam, psychotherapy or psychological evaluation session or a legal consultation, survivors of trauma may experience disruptive feelings and behaviors. These reactions can affect the flow of conversation and the process of interpreting.

"Sitting with Silence"

Depressed patients in our study in their thought process were slower than the interpreters. [The interpreters] wanted to give suggestions. Those with strong backgrounds felt like they knew how to get the patient talking.

The therapist is trying to get the thought processes going and get the client to open up, and [during a client silence] the interpreter would sit still for five seconds and then say, "Do you remember this? You could try that."

It is not the role of the interpreter to give advice. This type of interpreter behavior is both risky and disruptive.

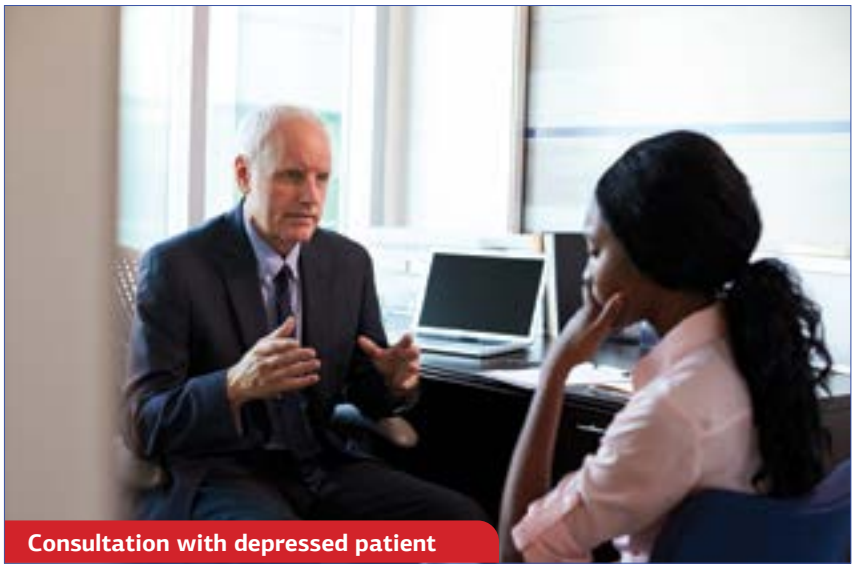
—A mental health interpreter who assisted in a study on interpreters in mental health settings

Table 2: Common Psychological Responses in Torture Survivors (Iacopino et al., 1999)
• Post-traumatic stress disorder
• Depressive disorders
• Somatic complaints such as pain and headaches
• Substance abuse
• Neuropsychological impairment
• Psychosis
• Enduring personality changes
• Generalized anxiety disorder
• Panic disorder
• Acute stress disorder
• Somatoform disorder
• Bipolar disorder
• Phobias

Often, survivors experience vivid memories and flashbacks of the torture experiences. In a flashback, the individual is not "remembering" the event but rather reliving the event in the present moment, complete with the sounds, feelings, emotions and other sensations of the original event.

Flashbacks and intense memories can occur quite unexpectedly. They are difficult to shut off and are accompanied by intense emotions. It is the responsibility of the provider and not the interpreter to manage these and all emotional reactions and behaviors.

Typical behaviors associated with intrusive memories that you may witness as an interpreter, are the following:



Consultation with depressed patient

Changing the subject

The survivor may change the subject repeatedly during the session: For example, they may jump from a personal account to an emotionless explanation of the country's history because discussing personal experiences risks triggering traumatic memories.

Thus, the person shifts topics when getting close to a disturbing memory as a means of avoiding this risk or trying to regain emotional control. Such shifts can be hard to interpret.

Dissociative symptoms

Dissociation is an unconscious way of protecting oneself—a mechanism to defend oneself from the pain (physical or emotional) associated with the trauma by disconnecting from it.

Dissociation is thus a disruption in the usually integrated functions of consciousness, memory, identity or perception of the environment. The traumatic memory becomes stored as disconnected fragments of sensory perceptions and emotional states. As a result, the survivor may not be able to recall or recount some or all aspects of the traumatic event(s).

Dissociation may manifest itself in various ways. For example, a client from Mongolia stopped speaking in the middle of telling their story. Their face became blank, their eyes did not blink and it seemed as if they "weren't there" in the room anymore. They were able to begin speaking again after a few minutes.

Other survivors sometimes have no ability to recollect what they had been speaking about prior to dissociating and need to be reminded of the topic.

A Particular Challenge for Interpreters In Mental Health Settings

Interpreters are often used to accomplishing things. It's not just about the linguistic challenge. They are used to getting the professional satisfaction of seeing a change happen or a service delivered.

Therapy is a slow process. Interpreters often feel, unconsciously, that they have not accomplished much during the session, especially if they are discouraged from intervening. The time goes by and it feels like "just interpreting," because it's a different role for them and "nothing happened." They are accustomed to getting that satisfaction they get in other settings.

This was one of the core issues for interpreters with whom a group of researchers in North Carolina worked with over time.

Dissociation may be misinterpreted as not paying attention or being indifferent to the discussion. However, as explained above, dissociation is actually an unconscious way of protecting yourself. It can happen at any time.

Perhaps you have had an experience of going to surgery and feeling like you were "really not there." When thought of as a protection, it's easy to gently allow for this short disruption when interpreting. Simply wait for the client to "come back." We are helping the individual to feel grounded and allowing the individual time to briefly distance themselves from the painful topic until a sense of awareness and safety returns.

Sometimes the dissociative experience is longer and more distressing to the individual than described here. The provider, not the interpreter, is responsible for assisting the individual. In such cases, try to follow the provider's lead.

Intense expression of emotion

When discussing and remembering the trauma experience, people often become intensely emotional and may cry, sob, shout or experience painful physical sensations such as headaches, feeling of heat in various body parts or pain at the site of the torture.

Psychotherapist and crying female

It is helpful for the person to be given time and silence to cry as much as needed and bring themselves back to the conversation at their own pace. Some gentle words of support may be offered by the provider, but often people need a period of silence to recover from intense feelings.

Many people feel embarrassed and apologetic about crying, so providers offer reassurance that crying is a normal part of the process and can be

healing. This kind of reassurance, however, should only be offered by the provider and not by the interpreter.

Cultural norms that prohibit or discourage expression of emotion (or comments by the interpreter that reinforce those norms, such as, "There, there, don't cry,") may contribute to the survivor's discomfort. The intense expression of emotion may also be difficult for you to witness, particularly if crying or showing strong emotion is often seen as inappropriate in your own culture. As an interpreter, however, simply continue interpreting as needed and refrain from interfering in any way, leaving the provider to handle the situation.

Concentration and forgetfulness

The survivor may experience a decrease in concentration and may seem forgetful. These responses may be a direct consequence of trauma and/or worsened by intrusive memories, dissociation and/or head trauma. Survivors often have difficulty concentrating and need questions to be repeated. When they stray from a difficult topic, they will be gently guided back by the provider.

Avoidance

Avoidance is another significant psychological symptom that is associated with trauma. Avoidance leads people to work hard at keeping traumatic memories off their minds. People may be fearful of being overwhelmed by their own emotions. In order to do this, people often avoid certain topics of conversation and certain experiences that trigger the memories of torture.

Again, while it is the provider who will be managing these situations, you as the interpreter may witness avoidance displayed in the following ways:

- Survivors may give minimal answers to questions and often respond that they do not know or remember vital aspects of their torture experiences. Recognize this as avoidance, which is being used to keep the survivor safe from intrusive memories and overwhelming emotional experiences. Otherwise you may find the survivor evasive or uncooperative and think they should be questioned more vigorously.

  For example, a lawyer interviewing an asylum applicant who has been tortured and wants to be sure the asylum applicant is telling the truth may not understand symptoms of avoidance and questions the client harshly to assess their credibility. The lawyer may also take this approach because they know that an asylum officer or immigration judge will need the complete details to avoid the risk of an adverse credibility determination and a denial of asylum. Although the lawyer's intentions may be good, such an approach may be more than the survivor can handle at that moment.

  For an interpreter, watching a lawyer speak harshly to a survivor who is recounting their torture, perhaps for the first time, can be an intensely painful and bewildering experience.

In addition:

- Survivors may worry that the interpreter will disclose private and shameful material to members of the community. The confidentiality of the session and the interpreter's oath of confidentiality and professional ethics are critically important, yet these concepts may be foreign to the survivor. It may take time for them to trust that the provider and the interpreter will not disclose to anyone what is said unless given explicit permission by the survivor to do so. This is why at the beginning of the encounter, it is important for interpreters (not only providers) to address the issues of confidentiality. See Module 4.
- Survivors may deny that certain experiences happened to them. Many people feel ashamed and guilty about rape and sexual torture, for example, and may deny that it happened or avoid talking directly about it. You may actually know that the survivor *was* raped, perhaps through a personal connection to the community or perhaps because you interpreted for the same survivor for another provider. This is more likely to happen if you are interpreting in the language of a small community. Do not share that knowledge; it is not your role. Your role is to interpret as accurately as possible everything that is being said in the session. At the same time, it is important for the interpreter to note at the beginning of the session if they have any prior knowledge about or relationship to the survivor. The provider will need to determine whether the interpreter's connections might pose a conflict of interest or otherwise interfere with the session. If it is not feasible to find a different interpreter locally, the provider may choose to request an interpreter by phone or videoconference. Efforts to focus on creating safety and trust and not pressuring the person to talk about the experiences until they are ready to do so are essential. An interpreter who knows what "really happened" may be shocked by such denials but should not in any way display that shock.
- Survivors may feel badly that they lived while others died. They may also have a sense of guilt if their political activities have placed other family members, colleagues or friends at risk. This is particularly the case, for example, when a family member has been killed, family have been forced into hiding or there have been requests by the family not to remain politically active.
- Survivors may also deny the emotional impact of their experiences. They may talk about the experiences but show little emotional response and act as if they are not bothered by what happened to them. This is another type of avoidance, which the person is using as protection against intensely painful emotions. The most beneficial approach is to respect the avoidance as a method of protection, which the survivor will gradually let go of as a sense of safety is developed.

Interpreters may find that the provider they are interpreting for does not respond in the ways recommended here but still should not intrude or try to make the situation better. Clinicians and lawyers with appropriate training and experience with trauma survivors are more likely to understand these avoidance reactions and respond in an effective and therapeutic fashion.

Activity 2.2 (a): Demonstration role play: Survivor symptoms

Instructions for classroom

1. Watch the following role play acted out by your trainer(s) and/or volunteers. Note that Morgan is the therapist and Miryam is the interpreter.
2. Observe and note any symptoms and reactions the client may display.
3. Imagining that you were interpreting for this session, discuss with your small group what your reactions might be.
4. Be prepared to discuss your answers with the whole group.

Instructions for self-study

1. Read the dialogue below and try to imagine symptoms or reactions that the client may display in this situation.
2. Imagining that you were interpreting for this session, think of what your reactions might be.
3. Consider sharing your answers with other interpreters studying this manual.

Role play: Survivor symptoms

Therapist: So that was the day the military came to your father's house? When you were still 11?

Interpreter: (*Interprets this into client's language.*)

Client: Yes. And they took us all away to a big field. There were dozens of us. And the smell. Burning. It's burning. Bad. Oh my God...(*Stops talking and starts rocking back and forth clutching her throat. Counts to 60 seconds slowly without saying a word—Then gives a loud scream. But if you hear a scream from another role play group, that is your cue to scream right then.*) The yelling. And...NOOOOOO! (*sobs and crumples*) No.

Interpreter: (*Interprets this into English.*)

Therapist: (*in a gentle, soothing voice*) Ayisha, you're here with Morgan and Maryam. You're safe with us in the United States. You're not over there now. Ayisha, there is no one here with you but Morgan and Maryam in my office. You are not in danger now.

Interpreter: (*Interprets this into client's language.*)

Client: The smell. (*Puts her hands over her ears.*) The gunshots! (*crumples and starts to hyperventilate, breathing very, very quickly*)

Interpreter: (*Interprets this into English.*)

Therapist: (*leans forward slightly*) Ayisha, can you remember the breathing we practiced, the deep breathing? This would be a good time—let's do it together. (*Places her palm 6 to 8 inches from her abdomen, palm facing her stomach and starts very deep breathing herself, from the diaphragm—deep, slow breaths, exaggerated so you can hear it. With each breath her hand travels up to the nose, then down to the abdomen, to coach the client how to breathe and connect to the client and bring them back*). Like this, remember? In...Out...In...And out... (*continue breathing*) You are not in danger now. You are in a safe space here in the clinic. You are not in the field now.

Interpreter: (*Interprets this into client's language.*)

Client: (softly crying) The guns. (*But her breathing starts to slow down and get a little deeper.*)

Interpreter: (*Interprets this into English.*)

Therapist: That's it. Keep breathing. You're safe, Ayisha, you're halfway around the world. You are not in danger now as you were in that field. You're not there. You're safe in the states with Morgan and Maryam. That's right, that's good, let's breathe together. In...And out... In...And out.

Interpreter: (*Interprets this into client's language.*)

Client: (*Breathing grows deeper and deeper and client calms down.*)

Therapist: And now can you remember your safe spot? Ayisha, imagine you're at your safe spot. You're at the beach, you can hear those lovely chirping birds you love, you feel the breeze on your cheeks and the sound of the ocean is filling you with peace.

Interpreter: (*Interprets this into client's language.*)

Client: (*Breathing deeper still, eyes closed, but she has stopped rocking and her face is growing calm.*)

Therapist: How are you doing, Ayisha? How are you feeling now?

Interpreter: (*Interprets this into client's language.*)

Interpreting for distraught and highly traumatized survivors can be challenging. You will learn more about this in the next section (2.3) of this module. Among the many potential pitfalls that interpreters have reported when working with traumatized clients such as Ayisha are:

- Viewing oneself as a rescuer: Feeling a strong pull to "solve" the problem.
- Overidentification with the survivor (feeling connected to and emotionally involved with the survivor instead of remaining an impartial interpreter).[8]

[8] Overidentification can often happen if there are similarities between the interpreter and the patient related, for example, to their age or past experiences.

Feelings of sorrow, guilt and emotional pain

- Difficulty with attention and concentration or tuning out.
- Feeling overwhelmed or forgetful.
- Paralysis and insecurity about one's professional competence in an area of such gravity.
- Feelings of sorrow, guilt and emotional pain.
- Anger at the perpetrators.

In this training program you will explore and be taught various techniques to manage your reactions. One such technique is visualizing a "safe space."

Activity 2.2 (b): "Safe place" imagery exercise

Instructions for classroom and self-study

Imagery involves using all of your senses to bring your mind into a special and safe space. Be careful to find the right image for you! Allow for full creativity. One person's lovely beach may be someone else's image of a drowning. Think of the image that you select as a "safe space" that you can return to any time that you would like.

"Safe Place" Imagery Exercise 15 minutes

I invite you to join me in an exercise that involves imagery. Specifically, imagining a safe place.

Imagery involves using all of your senses to bring your mind into a special and safe place. Be careful that you find the right image for you! Allow for full creativity. One person's lovely beach may be someone else's image of a drowning. Think of the image that you select as a "safe place" that you can return to any time that you would like.

We will be starting with some gentle breathing. Remember, each of us is unique. Adapt the exercise as you need to in order to take care of yourself. It is generally not recommended to hold your breath after inhaling as this can bring on increased anxiety or panic in some. Rather, it is recommended to hold your breath after exhaling (before inhaling) or to just exhale slowly.

We recommend that you shut your eyes—if you are comfortable doing so. It may help you to not be distracted by the things in this room. It is all right to leave your eyes open if you prefer.

It's your choice. You are in control.

- First, take some gentle abdominal breaths. There is nothing that you need to do right now except take a moment and relax. Focus on your breath—in, out, in out. Try to allow your mind to float to a beautiful and safe place. It could be a place that you have been to before or an imaginary place. Just allow yourself to go to that safe place.
- Imagine where you are in this place. Are you sitting? Standing? Moving? (Allow time.) If you are sitting in your place, feel in your mind what you are sitting on. If you are standing, notice the feel of the ground under your feet. If you are moving, feel the flow of your body. (Give yourself time to feel.)
- Is there a breeze or wind where you are? If there is where can you feel it on your body? (Again, allow time to sense this.)
- There may be smells that you notice in your safe place. If you want to, let any pleasant smells float into your awareness. (Allow time.)
- Is there something you would like to feel in your safe place? If you want to, go ahead and touch your hand or a part of your body to the object. Become aware of how it feels. (Allow time.)
- Continue for a minute to just enjoy being in your place. (Allow time.) The best thing is that you can return to this place any time that you want to. All you need is to sit or lie down, take a few deep breaths and allow yourself to drift off to this wonderful and safe place that is truly yours. (Allow time.)
- When you are ready return to this room. Notice the chair you are sitting in, the temperature in the room, and the presence of others in the room. Wonderful, your eyes are opening up. You may want to stretch your body a little.

Questions:

- What was this activity like for you?
- Were you able to create an image of a safe place?
- Did you find yourself engaging all of your senses?

Key Points to Keep in mind

- For this activity, it is important to engage all of your senses—to push out the traumatic/distressing visual images, sounds, smells, tastes and tactile sensations and replace with those that support wellbeing.
- Remember:
  - You are in control of your safe place and can make it exactly as you want.
  - Know that you can go to your safe place in your mind any time you want to. It is always available to you.
  - Remember to breathe—in and out—in and out.
- You can (and should) use safe place imagery when and if you need it, both inside and outside of work. It can be challenging at first to use this tool.

Section 2.3: Managing your reactions

Objective 2.3

After completing this objective, you will be able to:

List suggestions on how to manage your reactions to client distress.

General guidance

It can be difficult and distressing for you (both as an interpreter and as a compassionate human being) when a survivor breaks into sobs or hyperventilates in response to being intensely questioned about aspects of their experience that the survivor has avoided or been vague about.

Even so, it is important for you to understand that it is still not your role to intervene or do anything other than remain in your role as an interpreter. While that obligation is true even for medical and legal appointments, it is *critical* in mental health settings that you do not intervene inappropriately.

Activity 2.3: Managing your responses

Instructions for classroom

1. In groups of three, read each scenario below.
2. For every scenario, discuss the questions that follow it.
3. See if your group can agree on an answer. (You may have more than one answer.)

Instructions for self-study

1. Read each scenario below and reflect on the questions that follow it.
2. Write your answers in your journal or discuss them with other interpreters studying this manual.

Scenario 1: Don't interpret that?

The client whispers something and then tells you, "Don't interpret that." You interpret it anyway.

The client then blows up at you and starts shouting, "How could you do that! How could you interpret that when I told you not to!" She even curses you, using foul language. Her response seems quite out of proportion to what you did.


"Don't interpret that."

a) What should you do in a situation like this?

b) Should you interpret everything that the client is shouting at you now, including the foul language, even if it makes the client angrier? Why or why not?

c) How would you manage your feelings?

d) Are there precautions you might be able to take to address this possibility ahead of time? (E.g., developing a plan with the provider before the session. If so, what might that plan include? Be specific.)

Scenario 2: Crying

The client is making an important breakthrough. For the first time, she is revealing to a therapist exactly how she was tortured and raped in prison. You interpret faithfully everything she says.

Then she begins to cry. The therapist cries. You begin crying too, and you choke up so much it is hard to interpret.

a) Is it wrong for you to cry?

b) Can you interpret effectively if you are crying?

c) Should you stop interpreting or just try to keep going? (Explain your answer.)

d) Is it all right to request a time out?

Scenario 3: Silence

You are interpreting for a client who seems to be doing reasonably well until the therapist asks a question that triggers a dead silence (for some reason that you don't understand).

You grow uncomfortable. The therapist says nothing. She is looking at the client. The client says nothing. They are looking at the floor. Finally you shuffle your feet and a few papers. You clear your throat to remind everyone that you are there and that you don't know what to do. They ignore you.

a) Is something wrong here?
b) Is it OK for you to shuffle papers or clear your throat to remind everyone you're there?
c) What should you ideally do in a situation like this?

Scenario 4: Reassuring a client

You are interpreting for a client who bursts out weeping like a child. They are a big person, and you are embarrassed. They are sobbing. Finally you murmur, "It's OK, really. Don't cry. It will get better."

a) Is it all right to speak directly to the client to reassure them?
b) If you were the interpreter, how would you handle this situation?

Managing your own responses

Not interfering in these types of situations can be challenging if the client's symptoms are intense. You may want to help out the client even when you know you shouldn't.

Basic strategies to help you manage your own emotional responses may include the following:

- Remind yourself what your role is in this situation.
- Keep in mind that people respond in different ways to remembering what may have happened to them.
- Take a few deep breaths if you can.
- Focus on a physical location in the room to distract yourself from the emotional situation.
- Avoid touching the client, even if you are tempted to.
- Pay attention to and take any cues you can from the provider.
- Be aware that the provider will probably be sensitive to you and want to guide you away from taking inappropriate action.
- Use your notepad and take notes even when you don't need to in order to help you focus on the message and not the emotional context (if the content seems overwhelming).
- Switch briefly from first person to third person if you need to distance yourself emotionally from extremely graphic, extreme or distressing content. This is an exception to the general rule of interpreting in the first person. It is acceptable to use this strategy in challenging situations (especially if it helps you to get through the session without breaking down!)—but keep in

mind that it is not permissible in court interpreting. We recommend that the interpreter use third person only when necessary and then switch back to first person interpreting as soon as doing so becomes possible.

- Make your voice less a reflection of the client's and more neutral if you need to scale down your emotional involvement (but *don't* go "deadpan" or wooden—which can be offensive to both the provider and client).
- There may be times when switching between consecutive and simultaneous interpreting is appropriate and natural. For example, if you are doing consecutive interpreting and the service provider starts engaging the client in a breathing exercise [e.g., Activity 2.2 (a): Demonstration role play: Survivor symptoms], switching to simultaneous interpretation for that portion of the session would be appropriate and helpful. In general, however, adopt consecutive interpreting as your "default" mode unless you are told otherwise, to avoid possible confusion in simultaneous interpreting (when the survivor is not sure who to listen to), to allow for a more even pace of communication and to make it easier for the provider and client to focus directly on each other.
- Use your facial expressions and body language to show that, even if you are "only" interpreting, you are alert and sensitive to the situation. In this way you suggest that, underneath your professional demeanor, you are compassionate. (Clients can and generally do pick up on the interpreter's good intentions.)
- **Debrief afterward with the provider to ask for additional suggestions.** (Debriefing with the provider was discussed in detail previously in Module 2.)

If you are interpreting for a lawyer who is asking an asylum applicant harsh questions about the experience of torture or war trauma (when the client is clearly distressed and you are deeply upset yourself), try to keep the following in mind:

- The lawyer *must* be allowed to pursue their legal strategy.
- Reviewing the history is also one of the many steps in the healing process.
- Don't soften or omit *anything* that the lawyer says or change (or try to "clean up") the client's responses.
- The lawyer wants the asylum applicant to get asylum and other clients to get the best possible outcome for their cases.
- If a client gets asylum, and can legally remain in this country, the psychological impact of obtaining asylum may be one of the most beneficial determinants of an asylum seeker's well-being.
- Therefore, managing your emotional responses and not interfering may be *critical factors for the client's successful asylum application and well-being.*

Use the strategies listed above to help manage your own emotional responses.

Module 2 Review

Key points to remember

1. Interpreting for mental health sessions often requires knowledge of specialized vocabulary. It can be valuable to meet with the provider before the session to make sure that you understand any special requirements or requests that they may have of you (e.g., do not try to make sense of what the client is saying if it doesn't make sense in the client's own language).
2. Cultural factors are important to be taken into consideration when working with survivors, in part because these factors influence our understanding of the problem through the eyes of the survivor, and also because they may show providers and interpreters how to respond in a way that is most helpful.
3. Post-traumatic stress disorder (PTSD) is but one of many possible consequences of torture, war trauma and sexual violence.
4. Retelling their stories of trauma can exacerbate distressing symptoms in survivors. It is important for interpreters to be aware of the kinds of reactions that may take place and be prepared with strategies to handle them appropriately and with professionalism.
5. Interpreters can also be affected by the traumatic material that is being shared, especially because interpreters serve as a direct conduit of the person's story.
6. It is important for interpreters to be aware of their own responses to this work and develop strategies to address them.

Review questions Module 2

Congratulations on completing Module 2 of this training manual.

True or false

1. There are vast individual differences within people who share a similar culture so it is dangerous to make generalizations. T or F

2. All of the following are important in ensuring that the provider is seen as trustworthy and believable (or credible) in the eyes of the survivor client, *except*:

a) The way the provider defines the problems are consistent with the client's beliefs.
b) The means for problem resolution are culturally compatible and acceptable to the client.

c) The client and the therapist agree on goals for treatment.
d) The interpreter reassuring the client that there is no need to worry—that the client can trust the interpreter and the therapist.

3. The establishment of safety is one of the three main stages of recovery from trauma. T or F

4. It is all right for the interpreter to comfort the client in session if they start to cry and the mental health provider doesn't say anything. T or F

5. Switching from the first to the third person is one acceptable way you can briefly get a little more emotional distance if you need to during a particularly challenging portion of an interpreting session (except in court). T or F

6. Going "deadpan" or monotone (showing no emotion in your voice) is a recommended way of showing the interpreter's emotional neutrality. T or F

Conclusion

Survivors of torture, war trauma and sexual violence may often benefit from assessment and treatment from a mental health provider. Interpreters have a vital role to play in these sessions in cases where the provider and the survivor do not speak the same language. Understanding aspects of mental health assessment, recovery and treatment can help you better understand the impact of this work on survivors and how to handle a variety of challenging situations that may arise in your work with mental health providers and survivors.

Interpreting in these sessions can evoke powerful reactions in you, and it is important to learn how to recognize and appropriately manage these reactions.

What One Mental Health Interpreter Hopes for You

Question: If you could wave a magic wand, what would you most want most for mental health interpreters?

Interpreter: *I would want them [to] come away with an understanding of the therapeutic process but also for the clinician to really explain what's going on. [I would want interpreters] to understand the therapeutic alliance and to feel a sense of pride in facilitating therapy.*

Module 3:

Secondary Trauma and Fostering Wellness for Interpreters

Introduction

Feeling Other's Emotions

Obviously you've heard stories before, but I think it's the fact that you are dealing with that person's emotions, you're feeling their emotions as they say these things, as they [are] telling the stories you're feeling how they feel.

—Mental health interpreter for refugees, Splevins et al., 2010, p. 1709

In Modules 1 and 2 you gained a deeper understanding of the survivor of torture, war trauma and other major trauma.

In Module 3 you will explore how interpreting for survivors may affect you. You will also explore your own motivations for interpreting in this field, issues to consider before deciding to interpret for survivors and the personal traits that will help you succeed in this work.

If Modules 1 and 2 are about the survivor, Module 3 is about you, and how you can protect yourself from becoming exhausted and unable to work in this important field.

In this module, you will also become aware of possible and normal secondary reactions that you may experience. The rationale behind self-care and self-care techniques will be introduced, and you will develop your own wellness plan, a plan that you will continue to build and modify throughout this training and afterward.

You will probably be glad to have this plan, because it will help you in many other areas of your interpreting. Providers across disciplines find it helpful to have a wellness plan in part due to the intensity of the work.

Learning Objectives

After completing this module, you will be able to:

Module 3: Secondary Trauma and Fostering Wellness for Interpreters

- Objective 3.1: Identify factors related to job stress and how it can affect one's work.
- Objective 3.2: Define and explain secondary, or vicarious, trauma reactions that interpreters may experience.
- Objective 3.3: List and discuss strategies to prevent or minimize secondary trauma for interpreters.
- Objective 3.4: Write a personal wellness plan.

What we hope to accomplish in Module 3

We hope that Module 3 helps you assess whether you should interpret in this field and shows you what you need to know to protect yourself emotionally. This module will show you how to plan for self-care, especially after an encounter that has deeply affected you.

The Interpreter as a Member of the Treatment Team

It is important to remember that an interpreter is a partner in a multidisciplinary professional meeting who provides an essential link between [the therapist] and the client.

—Tribe, 2007, p. 161

We hope that this module equips you with practical strategies to help you identify, address and manage your own feelings of secondary trauma. If you find yourself distressed doing this work, you may find it helpful to consider talking with a supervisor or perhaps consider therapy to address your feelings and reactions to this work. We all come to this work with certain vulnerabilities.

Section 3.1: Job stress and its effects

Objective 3.1

After completing this objective, you will be able to:

Identify factors related to job stress and how it can affect one's work.

Activity 3.1: Sources of job stress

Instructions for classroom and self-study

1. Fold a piece of paper in half.
2. On the left side write down in bullet form the most stressful aspects of your job.
3. On the right side, write down the feelings you experience at work.

Job stress

In addition to the inherent stress associated with working with highly traumatized survivors, interpreters and other professionals who work with these survivors often find that their work settings do not offer them the level of support and resources that they need to do their job well.

This lack of support can result in work-related stress. Job-related stress can contribute to putting the health of employees at risk and may also threaten the overall health of

the workplace. This stress is also real for interpreters, including contract and volunteer interpreters.

Some challenges on the job, particularly when they can be reasonably met, can be stimulating and promote learning, growth and a sense of satisfaction. This type of challenge is not what we are referring to when we talk of job-related stress.

What Is Job Stress?

Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury.

—CDC NIOSH, 1999

Causes of job stress

Job stress is thought to be a result of the interaction between the working conditions and the characteristics of the worker (e.g., coping style, personality, individual situations such as caregiving responsibilities that put a burden on one's time and schedule). Not everyone experiences job stress in the same way. Individual differences exist in terms of what is experienced as stressful. Individuals also differ in their abilities to manage and prevent the negative effects of job stress.

There are some characteristics about working conditions that have been found to be stressful for most workers (CDC NIOSH, 1999). These include such things as:

Job stress

- Conflicting expectations.
- Heavy workloads and demands.
- Inadequate and infrequent breaks.
- Tasks that lack meaning and that the worker does not feel any control over.
- Lack of employee input into decision-making.
- Poor organizational communication.
- Policies that are not family friendly.
- Lack of support from supervisors or coworkers.
- Lack of opportunities for growth or promotion.
- Job insecurity.
- Dangerous or unhealthy workplace environments.

Impact of job stress on health

When we experience significant stress, our brains set off an alarm and our bodies prepare for self-defense. Our nervous systems are stimulated and hormones are released. The effect is that our muscles tense, our respiration deepens, our pulse speeds up and our senses

are heightened. We experience a fight-or-flight response—to defend ourselves against threats in our environment. This is a biological response to stress.

Generally our health is not at risk from short or occasional periods of stress. It is a different story, however, if we experience ongoing or unresolved situations of stress. In such situations, our bodies are constantly activated and this can result in significant damage to our health. We may experience chronic fatigue and our body's ability to defend and repair itself can be negatively affected. Our risk of becoming sick or injured increases.

Early warning signs of job stress

The National Institute for Occupational Safety and Health (NIOSH) has identified the following early warning signs of job stress (CDC NIOSH, 1999):

- Headache
- Sleep and mood disturbances
- Difficulty concentrating
- Short temper
- Upset stomach
- Job dissatisfaction
- Low morale

Impact of job stress on chronic health problems

Chronic health problems generally develop over a long period of time. Many factors are known to influence these diseases other than stress. NIOSH reports that research is increasing suggesting that stress can play a role in the following types of chronic diseases (CDC NIOSH, 1999):

- Cardiovascular disease
- Musculoskeletal disorders
- Psychological disorders

Approaches for addressing stress at work

People approach handling the stress that they experience at work in a variety of ways. Two common approaches involve: (1) stress management and (2) organizational change.

Stress management and employee assistance programs (EAPs). These approaches seek to enhance the ability of employees to cope with stressful work situations. People learn about the causes and nature of the stress they experience, the impact of work stress on their health and various techniques and approaches to reduce or minimize the stress (e.g., relaxation techniques, time management). EAPs provide employees with individual counseling services and referrals to address work-related

or personal problems, yet many of the organizations that interpreters work for may not have EAP services.

NIOSH identifies several possible benefits of stress management training, such as the potential for achieving relatively quick signs of improvement of some distressing symptoms such as sleep problems and anxiety.

The disadvantages of relying solely on a stress-management approach to alleviating job stress are noted as well, including the typically short-lived relief of symptoms and the fact that stress management does not get at the underlying causes of workplace stress.

Organizational change. These changes aim at reducing workplace stress through improving working conditions and can include:

- Identifying stressful aspects of the work (e.g., conflicting expectations, heavy workload).
- Designing strategies to eliminate or reduce stressors (e.g., changing work schedules or routines, identifying and creating avenues for employee input into organizational decisions).

Comprehensive approach to preventing stress at work

NIOSH generally recommends making organizational change a priority but points out that the most useful approach to prevent or alleviate job-related stress includes both stress management and organizational change.

The following individual and situational factors may help to prevent or reduce the negative impact of job stress:

- Maintaining a balance between work and personal life.
- Developing and nurturing a support network of friends and coworkers.
- Maintaining a relaxed and positive outlook.

Various efforts to positively affect the organization may help to prevent workplace stress as well (CDC NIOSH, 1999), such as:

- Making sure employees are assigned workloads that are within their capabilities and resources to accomplish.
- Designing jobs to provide stimulation, opportunities to apply one's skills and meaning.
- Clearly defining employees' roles and responsibilities.
- Providing workers with opportunities to be involved in decision-making and actions that affect their jobs.
- Ensuring that workplace communications do not result in uncertainty about job security and career advancement.
- Affording employees with opportunities to interact with their coworkers.
- Making sure that work schedules do not conflict with employees' outside responsibilities and demands.

However, the reality is that interpreters for language services do not always control their own workloads, schedules or demands. It can be even more challenging for contract (freelance) and volunteer interpreters to prevent stress in the (several or many) workplaces where they interpret, whether for face-to-face or remote interpreting. The coronavirus disease 2019 (COVID-19) pandemic has in many cases created many new stressors for interpreters in all specializations.

Vulnerable Interpreters

Professionals who work with people who have suffered high levels of trauma are subjected to secondary and vicarious traumatisation. Interpreters working at the coal-face, interpreting for highly traumatised people, in highly charged situations, have long been overlooked, but they are particularly vulnerable.

—Becker and Bowles, 2001, p. 40

Interpreting remotely—whether over-the-phone interpreting (OPI), video remote interpreting (VRI) or remote simultaneous interpreting (RSI)—has created a new set of stressors for interpreters. Ideally, most interpreting for survivors of major trauma would take place face-to-face, but increasingly that may not be possible in today's world.

A particular concern for remote interpreting related to any trauma, and particularly extreme trauma, is physical, intellectual and emotional fatigue. This is a topic for future research. For now we can state that the COVID-19 pandemic has anecdotally shown us that interpreting remotely is already making the work harder for interpreters than face-to-face interpreting, often due to:

- Poor-quality sound—which can cause interpreters injuries and medical symptoms such as headaches as well as fatigue.
- Lack of adequate training in remote interpreting.
- Unreasonable working conditions, including long calls, the lack of adequate team members and not getting enough breaks.
- The importance of visual cues and context, especially for sensitive encounters, which can be limited even in VRI.
- Not knowing whom to turn to for debriefing or support after a difficult assignment.
- Unawareness of all parties of the impacts of remote interpreting on the interpreter—especially for sensitive sessions.

However, being informed about job-related stress and developing strategies to deal with it are important for interpreters. For example, if you work often for one or more language companies or interpreter services, you may be able to discuss stressors with a manager to see what helpful changes might be possible.

In general, interpreter service providers do want to know what is really going on in the field, and they may have helpful suggestions or other ways to offer you support. For example, some services have staff (even sometimes counselors) available to debrief with interpreters after a stressful session, yet interpreters are not always aware that such resources are available.

Section 3.2: Understanding secondary trauma

Objective 3.2

After completing this objective, you will be able to:

Define and explain secondary, or vicarious, trauma reactions that interpreters may experience.

Activity 3.2: Self-reflection

Instructions for classroom

1. Observe a demonstration role play (see script below).
2. Look at the following three types of cognitive responses:
   - Cognitive reactions
   - Physical reactions
   - Emotional reactions
3. After watching the demonstration role play, reflect on what you just saw.
4. Write down at least one reaction that you may have had in the past upon hearing such information. Or write down a reaction that you think might be possible for an interpreter to have after an emotionally difficult session like the one in the role play.
5. Now, in small groups, discuss with your companions other possible reactions and write them down.

Instructions for self-study

1. Read the dialogue below and try to imagine what it would feel like to be the interpreter in this session.
2. Write down at least one reaction that you may have had in the past upon hearing such information. Or write down a reaction that you think might be possible for an interpreter to have after an emotionally difficult session like the one in the role play.
3. Consider discussing your answers with other interpreters studying this manual and in particular which strategies might work best to manage your emotional responses.

Role play: Self-reflection

Client: I just got bad news. (*begins to cry*)

Interpreter: (*Interprets this into English.*)

Therapist: I am so sorry to hear that. What has happened?

Interpreter: (*Interprets this into client's language.*)

Client: (*now very fidgety*) They killed my mother. The people who were after me went to the home of my mother looking for me. She is old. She told them she did not know where I was. They did not believe her. (*now wailing*)

Interpreter: (*Interprets this into English.*)

Therapist: I am so sorry.

Client, interpreter and therapist

Interpreter (*Interprets this into client's language.*)

Client: She told me I should stop being in politics. I did not listen to her. It is my fault. I should have stopped. I never thought something so terrible could happen.

Interpreter: (*Interprets this into English.*)

Therapist: There is no way you could have anticipated this. Those at fault are the government people.

Interpreter: (*Interprets this into client's language.*)

Client: My mother was such a good person. My sister says it is my fault.

Interpreter: (*Interprets this into English.*)

Secondary traumatization

It is natural and common for interpreters and providers alike to have strong feelings and reactions in session with trauma survivors. It is important to develop effective strategies to address these reactions so that they don't interfere with the work with the survivor. As difficult as these reactions may be, they are not necessarily secondary trauma.

The Cost of Caring

There is a cost to caring, particularly for those who have the capacity for compassion and empathy.

—Harvey, 2001, p. 2

We will turn our attention now to the case of when an interpreter may become secondarily traumatized in their work with trauma survivors.

What is secondary traumatization?

Secondary traumatization, or what is sometimes called vicarious traumatization, is one of the most sensitive and difficult issues that face anyone—including interpreters—in the field of torture treatment. It is also generally common among mental health interpreters, interpreters for refugee resettlement and medical interpreters (particularly in hospitals).

Secondary trauma is the experience of trauma-related stress caused by working closely with trauma survivors. You should be aware that secondary traumatization:

- Is a potential consequence of working with survivors;
- Includes behaviors and emotions resulting from knowing about a traumatizing event experienced by another person; *or*
- Is a state of stress resulting from helping or wanting to help a traumatized or suffering person.

Secondary trauma involves a transformation of one's inner experience that may include one's beliefs about the world or themselves resulting from empathic engagement with clients' trauma material (Pearlman & Saakvitne, 1995). The helper may develop some symptoms that mirror the depression or PTSD symptoms experienced by their clients who were directly traumatized (Stamm & Figley, 2009).

Interpreters with Past Trauma

There is therefore a strong likelihood that interpreters working with refugee clients will be involved with therapeutic processes that are emotionally very intense and that involve the challenging task of interpreting stories of trauma, separation, and loss that are likely to echo similar experiences in their own lives.

—Miller et al., 2005, p. 28

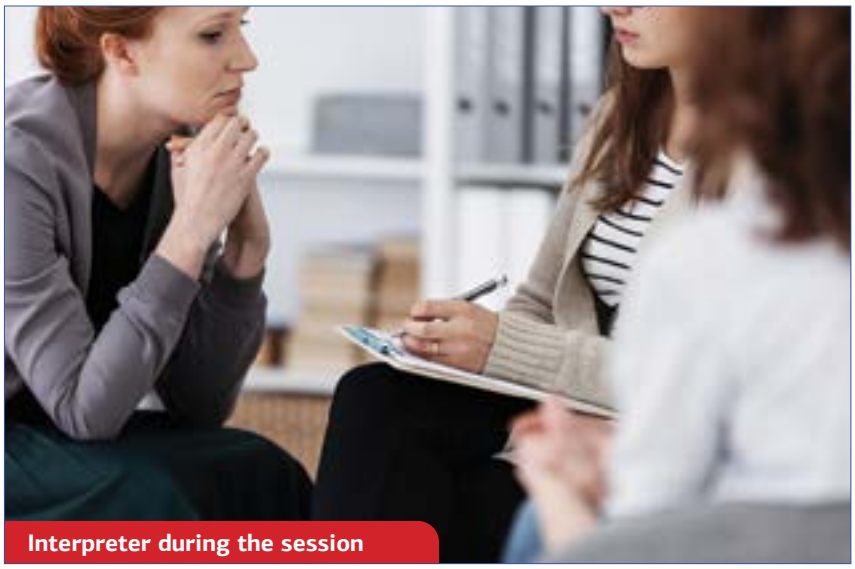
Most interpreters, like providers, enter their fields of work because they wish to help other human beings. Being with a survivor and hearing their trauma story, however, can emotionally affect the interpreter.

While not everyone will experience secondary trauma, interpreters may be particularly affected because they first hear and then actually speak the words of the survivor, repeating first-person accounts of horrific stories.

For some and perhaps many interpreters, this process of first hearing and then retelling the survivor's story increases the chance of feeling as if they are taking part in the survivor's experience, having parallel emotional reactions or visualizing the scenes described by the survivor.

Of course, the risk is far greater if you yourself have had experiences similar to those of the survivors you interpret for. This is one reason we discourage survivors from interpreting for other survivors, even though they may often be asked to do so. Such requests are particularly common in refugee resettlement situations (e.g., during interviews with government officials to determine if a person qualifies as a refugee or at other times during the resettlement process when access to independent interpreters may be limited) and for less common languages.

Symptoms of secondary trauma


Interpreter during the session

The health or mental health professional, or interpreter, may develop some symptoms that mirror the symptoms of distress experienced by the trauma survivor they are working with (Stamm & Figley, 2009).

Some indicators of secondary traumatic stress may be:

- Having difficulty concentrating during the session you are interpreting.
- Wanting to avoid interpreting for a client who you have interpreted for before.
- Finding yourself arriving late to the interpreting session.
- Being extra cautious when you leave the building (perhaps scanning your surroundings to be sure you are safe).
- Finding yourself thinking about, and maybe even visualizing, the story that you heard when you are busy doing something else in the day.
- Waking with nightmares after the evening when you interpret.
- Forgetting where you are in the interpretation during the session.

Individuals who have experienced a trauma often describe these kinds of reactions. When we hear the survivor tell their story, we recognize that it did not happen to us. Our bodies and minds, however, may still react with extra alertness. This alertness may then show itself in behaviors like being extra cautious outside or having nightmares ourselves. One French interpreter for this program reported having nightmares that mirrored one survivor's experience and said in wonder, "It was like I was having her nightmares for her!"

Likewise, survivors often unconsciously avoid thinking about or talking about what happened to them, and we too may find ourselves unconsciously avoiding hearing about difficult experiences. Our mind may just "shut down" briefly. Finally, just as survivors find themselves having the story vividly come into their minds while doing other things, so too might this happen to us.

The difference between secondary trauma and burnout

Secondary trauma is not the same as the burnout that some people experience from chronic work stress over time. Secondary trauma results from empathic engagement with a client's trauma story that transforms the helper's inner experience (McCann & Pearlman, 1990).

Burnout develops over time as a reaction to the fatigue of doing this, or other, work. When burnout occurs a person might:

Vicarious Trauma

VT [vicarious or secondary trauma] is understood to develop from the cumulative and empathic engagement with another's traumatic experiences.

—Splevins et al., 2010, p. 1706

- Experience low motivation.
- Have more and more fatigue.
- Feel withdrawn from people.
- Have a decreased sense of confidence in their work.
- Experience health problems.
- Take days off from work.
- Become easily annoyed and "snap" at others.
- Notice less productivity.

All of us experience some of these feelings and reactions from time to time. It is when you find yourself feeling this way each day, or if you consider not interpreting for survivors anymore because of the trauma of hearing their stories, then perhaps what you are experiencing is burnout. It may be time to speak with others about your work and decide what is best for you. You are important, and it is important for you to take care of yourself.

Feeling the Survivor's Story

The interpreting process is not just about words. When you're telling a story it's complex, it's set in a place and you have to process all that. So you're hearing the story but you're also saying the story and imagin[ing] what it was like for the person...you get a sense of the way they might have felt.

—Interpreter for refugees, Splevins et al., 2010, p. 1709

How Their Stories Stay

In the beginning it was really rough, I mean really tough because I saw some things that happened over there. So in the beginning when I was listening to these stories and I was translating, I was putting myself in the same situation. You know, like I am here, and then on the way home, like I was a little bit nervous, I was reacting like a little bit faster, I would explode very fast because I think that those things that they told me, they were still in my brain, you know the stories they were telling me. They were still inside me.

—Refugee interpreter for survivors, Miller et al., 2005, p. 35

Should I interpret for survivors?

Interpreting for torture survivors requires considerable effort, knowledge and courage, but it can be rewarding. Interpreters make a significant contribution to the survivor's recovery. However, there are reasons that motivated people may want to reconsider their intention to interpret in this field, for example:

- Lack of adequate interpreter training.
- Past history of personal torture and trauma, including sexual assault, or having a friend or relatives with a history of torture or major trauma. This is especially important if you have not worked through the impact of your trauma history or if it would make it difficult for you to listen to or interpret the client's trauma story.
- Chronic anxiety, depression or insomnia.
- A refusal, for whatever reason, to interpret curse words, obscenities,

expressions of anger, descriptions of weapons, details of torture, terms of an explicitly sexual nature or other language that might be considered objectionable.

- A tendency to take on other's problems as one's own.
- Difficulty defining the boundary between one's own thoughts and feelings and others' thoughts and feelings. This may lead to stepping out of the role of interpreter by offering help that is inappropriate for the client.
- The need to rescue people.

The answer may depend on such factors as the impact of the trauma, the extent to which you have worked through any negative effects, your ability to maintain effective boundaries with the clients and the extent to which you have an effective self-care strategy that you implement on an ongoing basis.

Section 3.3: Strategies to prevent or cope with secondary trauma

Objective 3.3

After completing this objective, you will be able to:

List and discuss strategies to prevent or minimize secondary trauma for interpreters.

What do I do if I experience a strong reaction?

Each of us has a collection of cognitive (thinking) and behavioral strategies to keep ourselves feeling relatively safe. Not everyone will have reactions that can be characterized as secondary trauma. But what is important to know is that many of the feelings, thoughts or behaviors that we experience in this work are ways in which our body and mind attempts to protect us from emotional harm.

For example, Ms. L, an interpreter, began to "drift off" several times during a session in which the survivor was discussing what had happened to them. Ms. L knew that it was important to refocus quickly and maintain attention.

What was occurring was an attempt by Ms. L's mind and body to protect her from what she was hearing. Being aware of and correcting such behaviors is critical to efficient and effective interpreting.

As an interpreter, you can remind yourself that such reactions are the body and the mind's attempt to keep you emotionally safe. It is important for interpreters to recognize their vulnerability and avoid blaming themselves for these automatic protective behaviors. Later, we'll discuss ways to cope with such reactions and protect yourself from unnecessary suffering.

The cognitions, thoughts and behaviors that you experience may be similar to those of the survivor. That's why it's called secondary trauma. You are, in some ways, "experiencing" the thoughts and behaviors of the individual you are assisting.

Some of your reactions may include the following:

Potential Symptoms of Secondary Traumatic Stress
Adapted from (Collins & Long, 2003)

Numbing or avoidance:

- Difficulty concentrating during the session.
- Wanting to avoid interpreting for a certain client.
- Coming late to the session.
- Forgetting what you have interpreted.

Distressing imagery of client's trauma material:

- Visualizing client story
- Nightmares
- Distressing emotions
- Somatic complaints like sleep problems, headaches or gastrointestinal distress
- Physiological arousal (e.g., palpitations or hypervigilance)
- Being extra cautious when leaving the building
- Addiction or compulsive behaviors
- Impairment in day-to-day functioning
- Exhaustion: physical, mental, emotional, spiritual

Managing unexpected events

Any interpreter in this field should be prepared for the unexpected. One of the skills needed by those who work with survivors of torture is the ability to be flexible and to respond calmly to all situations.

Frequently, survivors react in unexpected ways. There may be intense emotional reactions, long silences, difficulties in answering what seem to be simple questions, answers that do not correspond to the question or time spent staring off into space. These events may shock or puzzle you if you haven't anticipated them. They affect the client and the provider—and you.

Interpreting a Rape Survivor's Story

I remember one woman who was raped and when she told me what happened I was crying. And I could not say anything so I had to wait until I stopped crying to translate. So the therapist could not know immediately what happened. So that was very hard and in that moment I felt like, it was not fair, I was weak. And after that I had a big discussion with the therapist and I realized it was not weakness, it is just a human reaction.

—Miller et al., 2005, p. 34

For example, one client gave brief one-word answers to most questions asked by the therapist, or answered, "I don't know." In an effort to be helpful, the interpreter encouraged the client to answer the questions more fully, emphasizing the importance of the evaluation for the client's immigration case. This comment led to crying and increased anxiety in the client, who was no longer able to respond to further inquiries.

Although the interpreter intended to be helpful, the client felt increased pressure and withdrew. The therapist declared a break in the session to

allow the client some "quiet" time and the interpreter volunteered to bring tea for all the participants. Again, the interpreter was trying to be helpful, but it is not the interpreter's role to make tea.

Tea was brought in, however. And over tea, the therapist spoke with the client about how difficult it is to talk about traumatic events and how going slowly at the client's pace is important (the interpreter assisted by interpreting this message). After hearing this, the client seemed relieved. The interpreter also felt less responsibility to help the client answer questions.

The provider slowed down the pace of the session, which enabled the client to reveal more information.

In this situation, the well-meaning interpreter felt anxiety about the limits of the client to fully participate in the session. The therapist thought the client was quite anxious and was pacing the questions slowly. The interpreter was able to more fully understand the boundaries of the interpreting responsibility and to see that the decision about the pace of the interview was the responsibility of the therapist.

Wanting to help

When a client becomes deeply emotionally distressed, both the interpreter and the therapist or other provider may respond with their own distressed feelings. Both may want to comfort and support the client.

But allowing the therapist or other provider to take the lead is important. Still, sitting quietly while you simply interpret the therapist or other provider's words may be difficult for you. You may feel helpless and unable to take action to support the client.

Try to trust the therapist or other provider. For example, sometimes a therapist will decide that sitting quietly with the client and saying few words is the best way to comfort the client. This may be confusing and reinforce your sense of helplessness. Understanding that the therapist or other provider is acting on a clinical judgment about what is best for the client at the time will help decrease your anxiety as an interpreter.

A Therapist's Observation

Many [interpreters] have their own trauma histories—if they are not trained, they often get triggered and respond ineffectively.

—Bambarén-Call et al., 2012, p. 37

Interpreting for survivors of trauma is often quite different from interpreting in other situations. Discussing with the therapist or other provider the clinical issues for the survivor and their therapeutic strategies can help you to be a true ally in the process. You can do this before or after a session. Therefore, wherever possible, try to speak with the provider, particularly with psychotherapists (before and/or after the session) and lawyers (especially before the session). If you are working for an interpreting agency, talk to agency staff about how you can arrange for briefing and debriefing sessions before and after the assignment.

Learning from Therapists

Therapists report that, "some trained interpreters are not ready for trauma interpretation." As a result, they may "fail to use a trauma-sensitive approach or tone with client (detachment or over attachment)."

In addition, if interpreters have "past experiences for which they have not received treatment," they may respond inappropriately. Such responses could include: "Sharing own experience without clinician's permission, giving advice to client that they are not qualified to give, especially unsolicited."

—Bambarén-Call et al., 2012, p. 37

Speaking alone with the provider beforehand may be called a *briefing* (or preconference, pre-session or preparatory meeting). Speaking alone with the provider afterward may be called a *debriefing* or post-session.

Also try to research the client's country, region and the type of things that may have happened to the client, if you don't already know them, before you go into the session. However, the client may present information and events that were not covered in the material you reviewed, and this does not necessarily mean that they made them up. Many country reports do not include the full range of traumatic experiences; perhaps in part because of the underground nature of these events and the threats survivors often receive that they should not tell anyone about what happened.

Knowing the type of information you might hear can help prepare you emotionally. However, it is important to keep in mind that this does not mean that you should serve as a consultant or expert regarding the client's country or culture.

Activity 3.3: Role play: A mother's heartbreak

Instructions for classroom

1. Break into groups of three and role-play the following segment of a clinical session.
2. One of you will play the role of the therapist; one is the client, Mrs. X; and the third is the interpreter.
3. If time permits, as soon as you have finished switch roles so that someone else can play the interpreter.

Instructions for self-study

1. Read the dialogue below and try to imagine what it would feel like to be the interpreter in this session.
2. Answer the questions at the end of the scenario.

Background information: This role play involves a portion of the second session of a psychological evaluation of a torture survivor conducted by a therapist with the assistance of an interpreter. Earlier in the session the survivor related their experience of physical and sexual torture in a numbed state, without a lot of overt emotional expression, so that's all the interpreter has seen so far from this client. But as this role play begins, the therapist returns to inquire about something the survivor said earlier in the session.

Role play: A mother's heartbreak

Therapist: Mrs. X, you mentioned earlier that you had to flee your country in a hurry. Can you tell me more about that?

Interpreter: (*Interprets this into Mrs. X's language.*)

Mrs. X: Well...I...(*Looks away from the therapist and interpreter.*) I had to leave quickly. They were after me.

Interpreter: (*Interprets this into English.*)

Therapist: Who was after you?

Interpreter: (*Interprets this into Mrs. X's language.*)

Mrs. X: The soldiers because I attended some political meetings. I didn't have any time to prepare.

Interpreter: (*Interprets this into English.*)

Therapist: They were after you and you didn't have a lot of time. You had to leave. What was that like for you?

Interpreter: (*Interprets this into Mrs. X's language.*)

Mrs. X: It...(*long pause*) It was...(*Stops talking, looks down, tears roll down her face.*)

Interpreter: (*Interprets this into English.*)

Therapist: (*Hands Mrs. X some tissue.*) Take your time. Would you like some water?

Interpreter: (*Interprets this into Mrs. X's language.*)

Mrs. X: No. No, thank you. (*deep sigh*) It was so hard for me. I couldn't take my daughter with me. I couldn't even say goodbye. (*Continues to look down, crying.*)

Interpreter: (*Interprets this into English.*)

Mrs. X: My daughter was at her friend's house when I learned from my neighbor that the soldiers were coming. I could not run to get her. It was horrible. (*Sobs...puts face in her hands.*) I'm a horrible mom. And now...now...(*shaking her head—eyes averted*)

Interpreter: (*Interprets this into English.*)

Therapist: You feel horrible about what happened. (*Pause. Maintaining an empathic stance. Giving Mrs. X some time.*) And now...?

Interpreter: (*Interprets this into Mrs. X's language.*)

Mrs. X: And now I don't know what happened to my daughter. I've tried calling but nobody answers. (*Looks up at therapist. Takes the tissue the therapist hands her and wipes her eyes and blows her nose.*)

Interpreter: (*Interprets this into English.*)

Mrs. X: The soldiers had threatened my family if I didn't give them what they wanted. I...I...I hope she got away. (*Takes a deep sigh. Continues to look at the therapist.*) I told my neighbor to tell her I had to go into hiding.

Interpreter: (*Interprets this into English.*)

Mrs. X: What bothers me is that I did not tell her myself. I don't know where she is or if she is safe.

Interpreter: (*Interprets this into English.*)

Questions to ask yourself

- How might you feel as the interpreter in this scenario?
- What might be helpful and unhelpful responses for the interpreter in this scenario?

Optional activity: Developing strategies

Instructions for classroom

1. In groups of three, assign one person to read the story below out loud. (It is a true story written by the survivor.)
2. Let the other two participants listen.
3. As you read or listen, imagine the person telling this story will be your interpreting client in psychotherapy for a year or two.
4. Afterward, brainstorm the types of short-, medium- and long-term strategies that might help you prevent secondary trauma when you interpret for this client.

Instructions for self-study

1. Read the story below. You may choose to read this out loud if you have the privacy to do so while studying this manual on your own. This will allow you to better replicate how you might feel if you were interpreting this.
2. Imagine the person telling this story will be your interpreting client in psychotherapy for a year or two.
3. In your journal, list the types of short-, medium- and long-term strategies that might help you prevent secondary trauma when you interpret for this client.
4. Consider discussing with other interpreters studying this manual which strategies might work best to prevent secondary trauma in interpreters and see if you might consider trying any of their suggestions.

An asylum seeker story

I was a student involved in politics. I made T-shirts in support of my party. Before a planned demonstration, soldiers came to my house. They knocked at the door and I thought they were my friends coming to get me to go to the demonstration. When I opened the door, they pushed me out of the way and I fell to the ground. They stepped over me and one of them started to beat me while the others searched my meager apartment. They demanded to know where I hid the T-shirts. One stepped on my head. I told them I did not know what they were talking about as I tried to get loose. I started screaming, hoping my neighbors would hear. They pushed me against the wall. I hit my head. They threatened me to stop what I was doing and then left.

I had a headache and my body ached all over. I was afraid to stay in the house and went to my friend's place for three days. I did not go to the police station as the men who came to my house wore army uniforms. My friend got me some pain pills from the pharmacy. I was afraid to go to the hospital.

The big demonstration against the government took place. I went with many other supporters to the city square. We all had signs speaking against the president's efforts to eliminate term limits against the rise in inflation. Police fired tear gas into the ground and rubber bullets. The demonstration turned violent and some people lost their lives.

When I went to work the next day, my coworkers told me that some armed men had come to the office threatening people and asking for me. My boss asked me what I had done, and I told her I did not know anything she was talking about. My coworkers were very fearful. I handed in my resignation and looked for other work. I was hired at a women's organization. I became more determined to be politically active and began actively asking people to join my party.

On July 7, 2008, I was walking home after having taken a taxi with some friends. When I reached the front door, someone grabbed me from behind and held my neck. I could not scream or breathe. I tried to fight to free myself. Someone else put a gun to my head and hit me in the head several times. I was in pain and terrified. I fell to the ground.

They handcuffed me from behind. They did not talk. They put tape on my mouth and pulled me to the car that was waiting. They covered my eyes with a cloth blindfold. They dragged me to the car and drove off. When the car stopped, they pulled and dragged me out and took me into a building. They pushed me onto the floor. I heard noises of people crying for help and screaming. I was terrified. The voices were both near and faint.

They made me sit on the floor and they straightened my legs. They hit me on both legs with something hard for a very long time. When they stopped, they untied me and removed my blindfold and tape and left me in the room alone. I could not stand or walk because my legs were in so much pain. I could only sit on the dirty smelly cement floor.

I was not sure if it was night or day. It was very dark. I could not sleep. At one time, I heard footsteps coming to where I was and then they stopped. I heard the cell door open and I thought my life was over. No one entered. I just stayed there.

Then one time, someone came to the room and grabbed my hand and pulled me to another room. In that room there was a candle, chair and table. He pushed me onto the chair. I realized that he wore an army uniform and had a gun. Just then, another person came in with a pen and a notebook. He started asking me about the T-shirts and my involvement with my party. I told him I had no idea what he was talking about and where there could be any T-shirts.

He got angry and slapped and kicked me and banged my head on the table. Then he continued to ask questions. I said I did not know. The interrogator picked up the candle and burned my body. I was fully naked. He told me that unless I would tell him, I would not see the sun again. I could not talk as I was in so much pain. After a time, they tied me up and they took me to another room where there was a faucet. A pipe sprayed water over my body targeting my face to the point that I felt that I was drowning, and I could not breathe. I passed out.

When I woke up, I was in the hospital.

They said someone found my body by the side of the road and realized I was alive.

Vicarious resilience

Interpreters, clinicians, lawyers and other providers who serve survivors of torture, war traumas and sexual traumas also may be positively affected by their work with survivors.

Vicarious resilience is a relatively new concept studied in trauma therapists (Hernández, Gangsei, & Engstrom, 2007; Engstrom, Hernández, & Gangsei, 2008; Hernández-Wolfe, Engstrom, & Gangsei, 2010). It involves the process of providers:

- Learning about overcoming adversity from the trauma survivors they work with and
- The resulting positive transformation and empowerment in the provider through their empathic engagement with the stories of trauma and resilience of their clients

In short, vicarious resilience is a little like vicarious trauma but it points you in a positive healing direction.

It is possible for interpreters and other providers to experience signs of both vicarious trauma and resilience at the same time. Knowledge of vicarious resilience is thought to support and strengthen its presence. In other words, just being *aware* that the experience of interpreting for survivors of deep trauma may have this positive effect on you can help you to become more resilient.

When listening to survivor stories and the ongoing challenges faced in a new country, treatment team members can be greatly moved by the courage of their patient. It often highlights the strength of the human spirit, especially when one has endured great suffering but continues to strive and be hopeful about a future.

For providers and interpreters, the obstacles we may face in our own lives can sometimes pale in comparison to the survivor's story. How survivors cope can truly be inspiring. This attunement between providers and survivors—and often interpreters—can often enable providers to continue to do this work over the long term. This attunement is especially meaningful because this work can at times be difficult.

Many interpreters report that their work, too, has enriched them and enlarged their horizons. When they interpret long term for therapy with survivors that leads to recovery and growth, sometimes the interpreter experiences vicarious joy and fulfillment.

This may be hard work—but it is deeply meaningful.

Section 3.4: A personal wellness plan

Objective 3.4

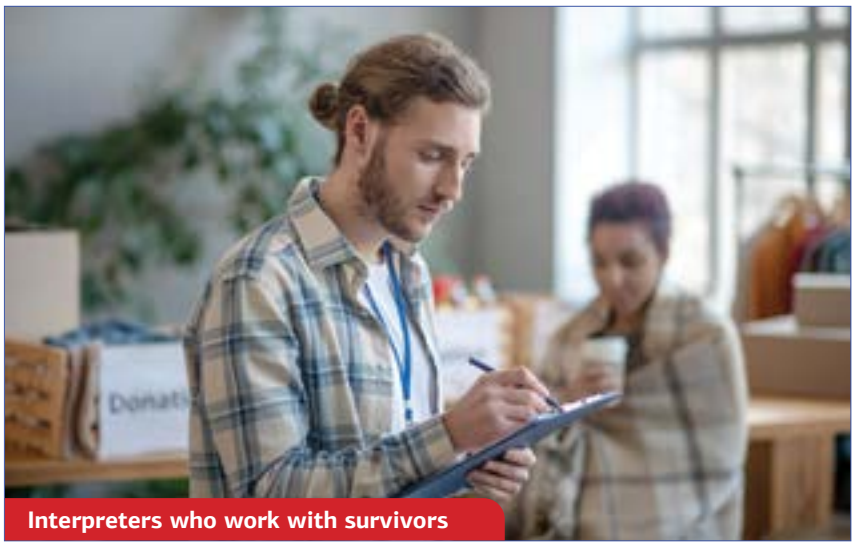
After completing this objective, you will be able to:

Write a personal wellness plan.

Introduction to the wellness plan

We have discussed stress, secondary trauma and burnout. What can you do about them?

To prevent or reduce vicarious secondary trauma, you will of course need to focus on what works for you. Here, however, are some real-life experiences from interpreters who work with survivors, taken from a study that included refugee interpreters (Splevins et al., 2010, p. 1711).



Interpreters who work with survivors

Coping strategies appeared to be unique to individuals, but most relied on a combination of external support and personal coping techniques. Participants relied on their family and friends to support them, and to ensure that they maintained a good work–life balance, or they turned to their employers for support, requesting counseling, debriefing before and after sessions, and peer supervision. Setting up a system with therapists whereby participants were able to halt the session if they felt the need, was also viewed as helpful: "If I'm going through a bad patch, you know, personally, then I agreed with the therapist to tell that, and say, 'I don't think I can hear the stories today,' and we can stop and just ask for a break."

We all need to take breaks from time to time during this work. To the extent possible, however, it would be good to know this before the day of the session. For example, a provider may have to finish a forensic evaluation that week because their report is due for court that Friday. The provider may need to arrange for a different interpreter to come if you feel you cannot interpret that day, depending on what content they need to cover that day in session.

In addition, if you decide that you need a break during a sensitive time in the session, even for a few minutes, or perhaps need to end the session because you are feeling overwhelmed, the timing might be problematic or even potentially harmful for the client.

Try to arrange with the therapist ahead of time for you to give a signal if you are feeling overwhelmed. Then the therapist can bring the session to a natural pause or close as soon as possible, balancing your well-being with the client's immediate needs.

The Angry Interpreter

I had one interpreter start shaking. It was too much for her. The client had been raped, and it was a woman interpreter and a woman client, and it just…I don't know what it triggered in the interpreter. To my knowledge, she'd never been through anything like that. But…she just became incredibly upset and angry. And she started shaking because of the thought of a woman being raped.

—Miller et al., 2005, p. 34

Taking care of our own wellness

Many of us know all too well the impact of stress on our physical and emotional being. Furthermore, we actually *know* things that will help us to reduce stress in our lives. We may, in our work, teach others how to reduce their stress (including those of you who are interpreter trainers).

But what happens when it comes to our own wellness? What keeps us from taking care of ourselves? We know the importance of self-care; we know ways to take care of ourselves. Why don't we do it?

Our own self-talk often gets in the way of our caring for ourselves. It's not unusual to tell ourselves such things as: I have to keep working! I must do an *excellent* job! There is too much to do! I can't let others down!

At the same time, we know that if we don't take care of ourselves we reduce our capacity to maintain concentration, creativity and motivation and place ourselves at risk for burnout. While we insist that we cross everything off our to-do list, do we ever have self-care on that to-do list?

There are many activities and strategies that we can all think of, and recognize, that can bring relaxation and health to our lives. It is critical for you, as an individual dedicated to working with others, that you allow yourself pleasure and fun that will "fill you" and allow you to continue to work.

These activities are particularly important when you are an interpreter working with torture and trauma survivors.

Knowing *what* you could do, however, often remains an "idea" and doesn't lead to behavior. For example, we can know that exercising daily, having flowers on our desk or playing with the dog are behaviors that can help to reduce stress in our lives. *Doing* these things can be a different story.

Setting goals for wellness

Scientists who study behavior have shown that setting clear goals is important for any activity that we wish to achieve. Goals are most easily attainable when they are set as "behavioral objectives."

Success comes from identifying specific things you can do and setting realistic goals for yourself, and then putting them into action.

For example, knowing that exercise would be good and then setting the lofty goal that you would exercise seven days a week for an hour each day would not, perhaps, be a realistic goal for you at this time. However, setting the goal that you will casually walk outside at lunchtime for 10 minutes on Mondays, Wednesdays and Fridays may be realistic and attainable. You can always add to your goal later, but starting gently is the key to continuing.

Interpreting for War Trauma

You know the stories are really painful. It happened to me a few weeks ago, I heard something, my brain just could not take it. I came back and I talked with my friend who is working with me and cried then because it is hard. I mean, I did not have any trauma in the war, I was pretty lucky but I know how this looked because I saw that...I have another problem, I cannot wake up. I sleep very well and I just cannot wake up. These last few months when I started working so hard and I do not know, I am not taking therapy but I think I should...I cry much more easily than before.

—Refugee interpreter,
Miller et al., 2005, pp. 35-36

Creating realistic goals for your own self-care is the purpose of designing your own wellness plan. This plan is a list of behavioral objectives that you can choose from on a daily basis. The plan that you will begin to create today can be of immediate use to you—not only because you are working with torture and trauma survivors but also because you deserve to include these activities in your life.

Activities of wellness can include most anything and are specific to the individual.

Different forms of physical exercise or relaxation techniques, contemplative practices like prayer and meditation, gardening, going for a walk, spending time with loved ones and just about any other form of pleasurable activity can be part of a balanced life and part of your wellness plan.

Writing behavioral objectives

There are three parts to a behavioral objective.

A behavioral objective is a clear and unambiguous description of an expectation, something that we would like to do. An objective has three parts: (1) the behavior, (2) the performance criteria and (3) the conditions of performance.

Let's take a look at each part.

Behavior

The behavior is the *action* or *skill* that you would like to do. Examples of actions might be: walk, listen, sleep or take time (to be with your children, your partner, your friend).

Example: I will "walk."

Performance criteria

This part of the behavioral objective describes such things as:

- How often will you do the action?
- What day (or by what date) will you do it?
- How well do you have to do it? (e.g., until you do a certain number?, until you wake up?)

Example: I will walk "for 15 minutes two times a week."

Conditions of performance

In this final part of the objective, you describe under what circumstances or context the action will take place. The circumstances might involve, for example, "when my neck begins to ache" or "I find I am snapping at my family." To write down the circumstances, consider answering questions such as Where? When? With whom? Using what?

Example: I will walk for 15 minutes two times a week "in the park."

Activity 3.4 (a): Your own wellness plan and consultation

Instructions for classroom

1. In this activity, you will practice writing two objectives for yourself. Be sure to:
   a) Set realistic objectives.
   b) Write activities that you will "enjoy"—not something that will "make you better" like losing 10 pounds or making doctor appointments, which would be another kind of "plan." Today we are making a wellness plan of refreshing, relaxing or fun activities to rejuvenate you.
   c) Fill in each of the three components of the objective.
2. After you complete your two objectives, in small groups you will have the opportunity to discuss them in "consultation" with others.

Instructions for self-study

1. Follow the instructions for 1. a), b) and c) above.
2. Decide if the objectives are specific, measurable (How often? For how long?), appropriate for you, realistic (Are you at least 70 percent likely to take these actions?) and timebound (Are they tied to a specific time such as right after lunch on Tuesdays and Thursdays?).
3. Consider discussing your objectives with other interpreters who are studying this manual. Help each other to decide if all your objectives meet the three criteria for behavior, performance and conditions of performance.

Activity 3.4 (b): Draft your wellness plan

Instructions for classroom

1. Reflect on the feedback/suggestions you received from your group.
2. Make any changes you want to your wellness plan (making sure that they are achievable, specific and measurable).
3. Take turns discussing your revised wellness plan in your group.
4. Identify one thing you are going to do today to take care of yourself—tell your group what it is.

Instructions for self-study

1. Make any changes you want to your wellness plan (making sure that they are achievable, specific and measurable).
2. Identify one thing you are going to do today to take care of yourself and write it down.

You now have a solid way of thinking about and carrying out your personal plans for self-care. You will have the opportunity to add to your plan during the next modules. Do not restrict this planning to your work during an interpreter training or while studying this manual. You can discuss wellness ideas with your friends and colleagues and be on the lookout for new ideas and suggestions as you go about your daily activities, read or watch content online. Your wellness plan will continue to evolve as you work and meet new challenges.

Give yourself the gift of wellness by beginning today, if possible, to use one of your objectives. Perhaps it might be to go to bed early, to talk with a friend, to stretch out with a novel or any other activity that will "fill you" and help you feel refreshed.

A moment of relaxation after a hard day

Module 3 Review

Key points to remember

1. Job stress is "the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker" (CDC NIOSH, 1999).
2. Job stress can lead to poor health and even injury but there are things that you and the organization you work for can do to prevent or address job-related stress.
3. The most promising approach to prevent or alleviate job-related stress includes both stress management and organizational change.
4. Secondary trauma is the experience of trauma-related stress caused by working closely with trauma survivors.
5. Secondary trauma reactions are normal and shared by many professionals doing emotionally difficult work.
6. The behaviors and emotions you experience in this field could lead to stress, burnout and even actual trauma.
7. You will need to develop strategies to help you prevent or reduce this secondary trauma.
8. One of the best tools in your "toolbox" is learning to write behavioral objectives into a wellness plan of activities that will relax or refresh you.

Conclusion

It is important for you to understand that we need interpreters who are trained, qualified and committed to the field and to quality interpreting. Your health and well-being are important, regardless of whether or not you decide to interpret for survivors of torture and war trauma. Building a wellness plan that works for you, and can be modified as needed over time, is vital to managing the potential impact of hearing and interpreting traumatic stories.

You have just concluded the first three modules of this training. Congratulations!

Let's just summarize. In these three modules we discussed: The definition of torture, reactions that individuals have to trauma, what reactions you may have when working with survivors and ways to take care of yourself.

Next, you will continue with Module 4, where you will learn how to adapt professional interpreting ethics and standards of practice to interpreting for survivors of torture and war trauma, whether in medical, mental health, legal or social services settings, and even interpreting in school settings for refugee children and families.

Module 4:

Ethics and Standards of Practice in Trauma-informed Interpreting

Introduction

Because you have already attended basic interpreter training before reading this book, we assume that you are familiar with basic interpreting ethics and standards of practice in the part of the world where you practice interpreting. This module explores how you can adjust your interpreting practices to respect high standards in the field and generally accepted ethical practice while also supporting survivors of extreme trauma. The content guides you on how to interpret professionally in this field without crossing role boundaries or intruding inappropriately.

One of the most valued contributions of this chapter is a crosswalk between legal and medical interpreting and its implications when interpreting for survivors of major trauma. (For a review of interpreter ethics and standards of practice around the world, see Bancroft, 2005.)

Now that you have a deeper understanding of interpreting for survivors of torture and major trauma, we will consider how to apply interpreting ethics and standards of practice to interpreting in this fascinating field.

In general, you may face greater ethical challenges when you interpret for survivors of major trauma than for typical clients because you will be sensitive to the degree of pain they have suffered and may find yourself unsure how to handle certain situations. This module offers basic guidance and practical strategies to help you apply your professional ethics and standards to this challenging area of interpreting.

Facing ethical challenges

There may also be great internal or external pressures on you to "bend the rules," help the client feel better or you may simply be confused about the right thing to do when interpreting for survivors. Here are a few important things you should know about this module:

1. We will primarily address two categories of ethics for interpreters: medical and legal because of the particular focus on this manual (interpreting for survivors in therapy and legal settings).

2. However, national and regional ethics and standards for general interpreting and/or other interpreting specializations of interpreting exist around the world. In general, codes of ethics/conduct focus on broad ethical tenets or principles and seek to guide interpreters on what to do (or not to do) when interpreting, while standards of practice offer more practical advice about how to adapt general ethical requirements to specific settings and situations. Some ethical principles such as confidentiality, accuracy, impartiality and professional conduct are almost universal in interpreter codes of ethics and standards of practice around the world. There is still some disagreement or controversy around other tenets that relate, for example, to managing cultural misunderstandings, whether or not to address miscommunication by participants and the requirement to respect participants (Bancroft, in press).

Crossing Ethical Lines

Question: Can you describe a situation where it's clear to you that the interpreter has crossed an ethical line?

Immigration lawyer who has worked extensively with survivors: *What I hear most often from lawyers is that the interpreter is either shortening or lengthening what's being said. So they're saying [to justify omissions], "Oh, we don't say that in our culture," or [to justify additions] "I'm going to say that in my culture..." And then they explain a legal term, or what's happening, or explain to the client how the process is going to go when the lawyer hasn't even started the explanation.*

Social worker: A social worker reported that when a refugee spoke about two paragraphs and the interpreter interpreted only a couple of words, the social worker challenged the interpreter, asking how this interpreting could possibly be accurate. The interpreter insisted that in their culture things were expressed differently. *And at the time,* the social worker reported in wonder, *I kind of believed her.* But interpreters according to virtually all relevant codes of ethics in the world are required to interpret accurately and completely except in cases of emergency. "Culture" is not an exception (c.f., Bancroft, in press).

3. Except for a quick overview of interpreting ethics, this module *is not a general introduction to codes of ethics for interpreters.* Since this manual assumes you have had basic training in interpreting ethics, we will consider how ethics apply specifically to interpreting for survivors of torture and other major trauma. The examples, stories and case studies will all be specific to this field. However, depending on where you work and the standards that apply in your country/region, you may have to adapt the content in this chapter to your specific requirements.

4. Finally, just as in any area of interpreting, you will have to think quickly to apply ethical principles and standards of practice to real life. As you do so, you will need to consider the impact of your behavior on the well-being of the survivor. How to apply interpreting ethics *safely* and *effectively* is the primary focus of Module 4.

Learning Objectives

After completing this module, you will be able to:

Module 4: Ethics and Standards of Practice in Trauma-informed Interpreting

- Objective 4.1: Compare and contrast medical and legal codes of ethics for interpreters.
- Objective 4.2: Apply interpreting ethics and standards to real-life scenarios about interpreting for survivors of torture and war trauma.
- Objective 4.3: Practice the application of ethics and standards to resolve ethical dilemmas when interpreting for survivors of major trauma.

A Key Message from Module 4: "Trust the Provider"

Therapists, lawyers and doctors who specialize in services to survivors of major trauma have special strategies that they use when they interview traumatized clients and patients.

Sometimes those strategies may seem strange or upsetting to interpreters. But they are intentional and planned. Please don't second-guess true specialists in this field: support them.

What we hope to accomplish in Module 4

We hope that this module helps you determine to intervene as little as possible and apply relevant ethics and standards of practice as effectively as possible in a way that fosters communicative autonomy: The capacity of all parties to an encounter to be responsible for, and in control of, their own communication.[9]

Sometimes even your smallest words or acts can push a client teetering on the edge into an emotionally dangerous place or affect the outcomes of a session.

When you interpret for survivors, you may find yourself dealing with ethical dilemmas that you never imagined. What you will learn in this module may challenge you. It will push you to the limits of your ability to think quickly, act professionally and conduct yourself ethically when you face the deepest suffering that a human being can know.

The good news is that these new skills will strengthen your performance and help you to interpret well in every other area of interpreting. They offer you an opportunity for growth. Here is an exciting new field where you can learn a great deal and become a more skilled, competent interpreter.

[9] The concept of communicative autonomy as the cornerstone or foundation of community interpreting was developed by Sofía Garcîa-Beyaert in Bancroft et al., 2015; one of the five authors of that work.

Section 4.1: The medical and legal ethics crosswalk

Objective 4.1

After completing this objective, you will be able to:

Compare and contrast medical and legal codes of ethics for interpreters.

By the end of this objective, you will be familiar with both medical and legal interpreting ethics and standards, how they differ from each other and how they apply to interpreting for survivors of major trauma.

Note that while some countries differentiate between ethics and standards for interpreting in medical and legal settings, others have common standards that encompass the full spectrum of interpreting in all public service settings, including medical and legal. In other places, court interpreting has its own standards that differ from interpreting in other legal settings.

As an interpreter you will need to ensure that you are familiar with all the codes of ethics and standards in force in the jurisdiction where you interpret. If there is a general standard covering all settings, abide by that standard. However, if there is both a more general standard and a setting-specific one, follow the setting-specific standard that applies to each setting where you interpret. For guidance on how to find the relevant code or codes of ethics in your country, see Bancroft (in press).

Ethics in Real Life

A professional interpreter who works with torture survivors reports: *What happens sometimes with me is that I end up alone with the client, and that's where you have to be really careful. I end up chatting with people about things that don't have to do with the case. But if they start to talk about their medical situation or their legal situation before the doctor or lawyer comes, I'm careful to say, "You really need to talk to the doctor or lawyer about that." I try to be careful about not presenting myself as a medical or legal exert in any way.*

Note: The lawyers for this program advise you: For legal interpreting, *never be alone with the client*. You could jeopardize—or even destroy—lawyer-client confidentiality, and there are other legal risks. See Module 7 for details.

Because therapy and legal counsel are a central focus of this manual, this section addresses the interpreting ethics for medical and legal interpreting.

The most important points you will learn in this section are:

1. How medical interpreting ethics compare to legal interpreting ethics.
2. Whether or not you are ready to interpret in legal settings and why.
3. How applying your interpreting ethics in this field differs from applying ethics in general or common interpreting scenarios.

It is important to note that legal interpreting can also take place in medical and mental health settings. For example, any time you interpret for informed consent, that is legal interpreting because informed consent is part of a legal process. Other examples of cases where you might perform legal interpreting for survivors in medical or mental health settings include:

- Forensic medical exams
- Mental health interviews for asylum applications
- Psychiatric evaluations
- Sight translating any forms that must be signed

Activity 4.1 (a): Role play—"I do his—He doesn't do mine"

Instructions for classroom

1. In groups of three, execute the following role play.
2. The person who plays the interpreter will not look at the script.
3. The person playing the client should, if feasible, sight translate the client's text into the other language (if the person playing the interpreter understands that language).
4. When you reach the end of the role play, let the client and the provider improvise for a few more lines based on the interpreter's response.
5. If time remains, switch roles and let someone else play the interpreter.

Instructions for self-study

1. If you can, enlist the help of two friends or adult family members to play the roles of the client and the therapist, while you play the role of the interpreter in the scenario below. Otherwise simply read the dialogue and try to imagine how this scene might play out in real life.
2. Reflect on the challenges you would be facing as the interpreter in this scenario and how you would handle them.

Role play: "I do his—He doesn't do mine"

Therapist: So, let's set a date for your next appointment.

Client: Oh, no, I have to check with my husband. I don't know if I can come back and meet you again.

Therapist: Can you tell me more? Do you always need to check with him before you can make an appointment?

Client: Oh, yes. He doesn't let me go out if I don't.

Therapist: Can you tell me more about your relationship?

Client: What do you mean?

Therapist: How long have you been together?

Client: Let me think—oh, about 10 years.

Therapist: Has there ever been a time when your husband has hurt you or threatened you?

Client: Well, yes, but only when he drinks real bad. Maybe once or twice a year. That's when he has the nightmares about what happened to him in the prison camp.

Therapist: Has he ever pressured you or forced you to do something?

Client and therapist

Client: (*squirms, looks away*) I'm not sure...

Therapist: Did he ever make you do something you weren't comfortable with?

Client: Yeah. He wants sex with me whenever he comes home. I don't want to, but he tells me that's my duty.

Therapist: So, what is that like for you?

Client: I don't like it. He forces me to do him up. And he doesn't do mine. He just takes it.

Therapist: Pardon?

Client: He takes it. He just takes it, that's all. Nothing else. I do his. He doesn't do mine.

Therapist: (*to interpreter, if the interpreter has not yet intervened*) I don't understand what she's saying. Is he taking her personal property?

Comparing medical and legal interpreting ethics

Review of medical and legal ethics

In some countries, expectations of interpreters in all community and public service settings are consolidated into a unique standard that covers more generic principles and standards of practice for community or general interpreting. This is the case, for example, in Canada and Australia (AUSIT, 2012). It is also often the case that signed language interpreters have one national code that covers many, most or all specializations of interpreting.

In other countries, specific medical and legal standards adapt the general principles of ethical conduct for interpreters to specific healthcare and court or broadly legal settings. This is the case, for example, in the United States and some European countries. In these cases, the specific codes of ethics for interpreters in medical and legal settings tend to be heavily influenced by the language and concerns shared by professionals in that setting, such as lawyers in the court setting and healthcare providers in the medical setting. So, for example, while codes in both settings tell interpreters to maintain confidentiality, the examples and guidance they offer are different.

For the same reason, legal codes seem stricter, while healthcare codes appear to leave more room for discussion and negotiation. This distinction seems appropriate, since court interpreters are working in a formal setting in which there are many strict formalities to respect, and the rule of law prevails in all legal settings. Legal codes of ethics are often rooted in national, regional or local laws. Healthcare interpreters, on the other hand, work in a more fluid, informal setting in which meaning and outcome are constantly being negotiated. It makes sense, then, that these two types of codes should differ.

In short, legal codes tend to be *prescriptive,* or rule-based (deontological), while medical codes tend to be more *strategic*, or guidance-based (teleological), like most standards of practice. This is an oversimplification of the two types of codes, but it helps you to clearly examine their principles.

Let's look at how the principles in two particular codes compare more closely.

Overarching principles and values

To illustrate the key similarities and differences between medical and legal codes of ethics, in the following section we will look at an example of a code of ethics for medical interpreters in the United States, *The National Code of Ethics for Interpreters in Health Care,* and an example of a code of ethics for legal interpreters in Europe, *Code of Professional Ethics,* developed by the European Legal Interpreters and Translators Association (EULITA).

The National Code of Ethics for Interpreters in Health Care (which we'll call the medical code) is based on three broad values: beneficence (helping people), fidelity (faithfulness) and respect for the importance and role of culture. These principles are shared by U.S. healthcare workers, so examining interpreter ethics through this "lens" helps interpreters in healthcare mesh well with other professionals around them.

The overarching values of medical interpreting ethics are helpful to remember if you find yourself in a situation in which two tenets (rules or principles) of the code seem to conflict. In healthcare interpreting, because of the less formal, more intimate nature of the interactions, you may find yourself more often in a situation where ethics collide and you are really not sure what the right ethical decision may be.

The EULITA *Code of Professional Ethics* (which we'll call the legal code) doesn't specify its overarching principles or values. However, a close reading of the preamble shows that *equity* seems to be the driving force behind the ethics. The code states the key role that interpreters play in *the search for truth and how their work may affect the life and rights of others* and further goes on to state that *Legal interpreters and legal translators thus play an essential role in all efforts to ensure the equality of citizens in justice-related communications* (EULITA, 2013).

Equity—or the equal treatment of all people before the law—is the principal underpinning of most legal systems, so again, using this principle as the basis for understanding ethics for legal interpreters puts these interpreters "in sync" with the other professionals with whom they work.

Principles or tenets common to both medical and legal codes

Confidentiality

Both codes address the fundamental issue of confidentiality, basically affirming that interpreters should not talk about private information that they learn while interpreting. And both codes mention some exceptions to this rule: For example, there may be rare occasions when the interpreter learns information that suggests someone is going to harm themself or others and may have to report this information to the relevant authorities under federal laws in the U.S. and some other countries. Interpreters may also at times be required by law to divulge information they learned while interpreting.

However, there is one area of critical difference between the two codes. The U.S. healthcare code includes the interpreter as part of the "treating team" (also known as the treatment team) and, following the ethics of physicians and nurses, allows sharing of information within the treating

A Sign Language Interpreter Discusses Mental Health Interpreting

The inclusion of the interpreter…required the interpreter to model an appropriate relationship with the practitioner. The best model we found was is described by [Carl] Rogers as "unconditional positive regard." It was most easily understood and practiced by interpreters no matter what the therapist's approach was. It also gave a good clear basis for making decisions on the spot as well as being common among therapeutic disciplines and approaches so reduced the need to explain the ethics involved in the interpreters' decisions. Instead it allowed discussing the decisions and their implications.

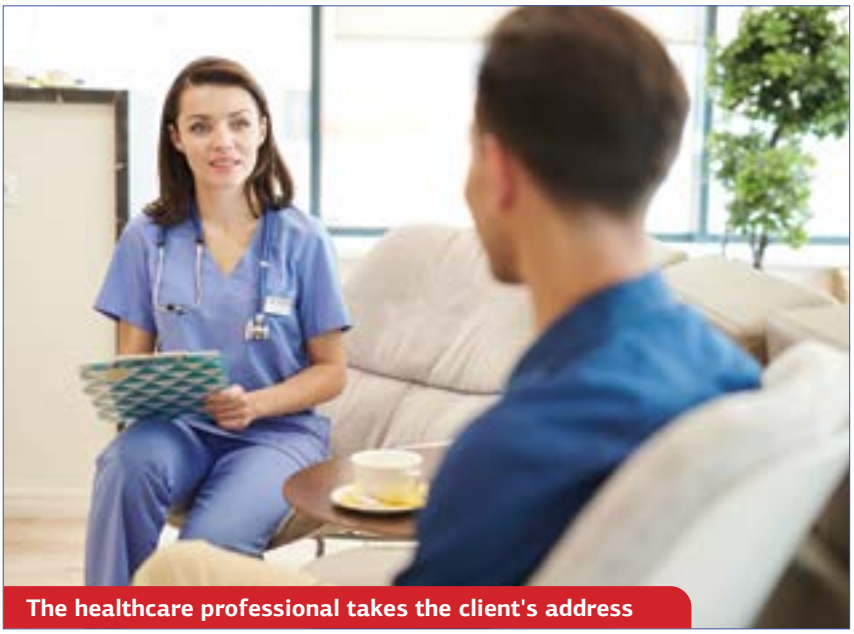
In other words, impartiality does not mean "no relationship." In mental health settings, the interpreter will need to have a warm, positive relationship with the client and provider while still maintaining ethical boundaries.

team. This means that interpreters can share confidential patient information learned about a patient in a specific facility with other providers who are treating that same patient in that same facility. However, just as a provider at one doctor's office would have to get a signed release form from the patient in order to see his chart from a different doctor's office, the interpreter may not share information learned at one hospital with a doctor treating the patient at another hospital without signed permission.

Note that confidentiality requirements related to mental health are even stricter than in other medical services. Therefore, consult the therapist if you have questions related to confidentiality in mental health.

Accuracy

Rendering a message accurately, without adding, omitting or altering any of its meaning, is the heart of interpreting, whatever the setting. As with confidentiality, both the medical and legal codes here address this important tenet in almost exactly the same way. In general, around the world, accuracy is a strict requirement for interpreters in any setting.



The healthcare professional takes the client's address

And, as with confidentiality, the medical code is a little more flexible. The legal code, for example, specifies the maintenance of register, while the healthcare code doesn't address register (although its companion document, *National Standards of Practice for Interpreters in Health Care,* does address register). The healthcare code, on the other hand, directs the interpreter to consider the cultural context of the spoken message, an area that the legal code does not address.

Given the critical impact that even the slightest shift in meaning could have on the outcome of a legal proceeding, the legal code further specifies the obligation to convey errors, hesitations and repetitions, as well as the duty to request clarification in cases of ambiguity and to correct any interpreting errors as soon as possible. Of course, accuracy is equally critical in medical settings, where the health outcomes of the patient may depend on it.

Impartiality

Both codes discuss impartiality, but the focus of the discussion differs. The healthcare code deals in this section principally with not judging the content to be interpreted and prohibits trying to influence the outcome of an interpreted interaction. The legal code focuses more on maintaining a professional distance by refraining from *undue contacts with either witnesses, defendants and their families or members of the legal professions* (EULITA, 2013). Again, reflecting the values of the setting in which the interpreting is taking place, the healthcare code counsels the building of a professional relationship as opposed to building no relationship at all. It states that *responding with empathy to a patient who may need comfort and reassurance is simply the response of a caring, human being* (NCIHC, 2004), not an ethical violation. This ethical dimension of interpreting is **critical** when interpreting for survivors.

NCIHC, 2004

Scope of practice / role boundaries

The need to clearly stay within a prescribed scope of practice is reflected in both codes. In the legal setting, the code emphasizes behavior that will assure that the interpreter is not seen to be providing a service other than interpreting, such as counseling or giving legal advice. In the healthcare setting, the code focuses more on behavior that will help the interpreter limit activities to interpreting (for example, if you are a bilingual employee, you cannot perform your job and interpret at the same time). In both cases, the interpreter is meant to stay within the ethical boundaries of the interpreter's role in medical or legal settings.

Principles or tenets that appear in only one code

While these two codes have many tenets in common, there are a few that appear in one but not the other. This is common when comparing interpreter codes of ethics and standards around the world. Becoming aware of and dealing with culturally based misunderstandings, for example, is addressed in this healthcare code but not in the legal code. The same is true of the discussion of the interpreter as potential advocate under certain limited circumstances. However, almost no other interpreting codes of ethics or standards for interpreters around the world mention—far less permit—interpreter advocacy. Yet it remains that when interpreters feel compelled to speak out to protect patient safety or hazardous situations, many will do so as a matter of conscience and humanity.

Finally, there are a number of tenets that are emphasized in one code by having an entire tenet or principle dedicated to that concept and that are only mentioned or inferred in the other code. Advocacy, indeed, is one example, which is not in the legal code. Addressing a conflict of interest, on the other hand, is found in the legal code but not the medical code. The interpreter's responsibility to assess their capacity and withdraw if not capable of providing an accurate interpretation is emphasized more in the legal code than in the medical code. Also, the duty to accurately represent one's qualifications is included in both codes, but it has a more prominent place in the legal code. The need to treat each party to the interpretation with respect is spelled out in the healthcare code and is incorporated in the broader tenets on solidarity and fair conduct, and protocol and demeanor in the legal code. And the tenets in the two codes regarding professional conduct list different examples.

Areas of controversy

Based on the detailed comparison of the two examples of a medical and a legal code of ethics presented above, you can probably tell that, in general, interpreter ethics all focus on conveying messages accurately, maintaining confidentiality and impartiality and doing so in a respectful way, so as to minimize any adverse impact on the outcome of the interpreted encounter. While there is a fair degree of consistency in the principles endorsed by codes of ethics and standards of practice around the world, some areas of controversy persist. Tables 3a and 3b summarize some key areas of controversy (Bancroft, in press).

Table 3a: Sample Areas of Controversy: Tenets

Tenet or Principle	Contradictory Tenet or Principle
Impartiality: Remain impartial and neutral.	Strive to protect the client's or patient's safety or well-being; hold their needs as "primary."
Accuracy: Omit nothing.	Certain omissions may be acceptable.
Advocacy: Speak up to protect a client/patient/consumer's safety, well-being or human dignity.	Interpreter should never advocate.
Accuracy: Interpret offensive and vulgar language.	Ask the speaker if they would like to rephrase.
Confidentiality: Reveal no information from the encounter.	Information may be disclosed with the consumer's permission or for teaching/educational purposes.
Impartiality: Offer no advice.	Some information, referral or cultural guidance may be acceptable.
Transparent communication: Clarify cultural and other misunderstandings.	Do not address cultural or other misunderstandings (simply interpret).

Table 3b: Sample Areas of Controversy: Statements	
Statement or Recommendation	**Contradictory Statement or Recommendation**
Decline all gifts.	Small gifts (such as food) may be acceptable.
Interpreter should alert parties to a miscommunication.	It is not the role of the interpreter to inform parties about a possible miscommunication.
Find a replacement interpreter if you cancel.	Do not bring in a replacement interpreter.
Interpret only into your primary language.	(No statement noted, but almost all codes hold the implicit understanding that interpreting is bilateral.)
Interpret all side conversations accurately.	It may not be feasible to interpret all incidental communication.
Avoid interpersonal relationships with parties for whom one interprets.	Interpersonal relationships with end users are permitted (though impartiality while interpreting still required).

Activity 4.1 (b): Controversial areas—Where do you stand?

Instructions for classroom and self-study

1. Review the areas of controversy listed in Tables 3a and 3b.
2. Thinking of the code of ethics that you are mandated to follow where you work, determine which position you would take in an interpretation assignment and why.
3. Are there any situations where your code of ethics (the national/regional/institutional code mandated where you work) takes a position on these controversial issues that you disagree with? What are those situations? Why do you disagree?

Should you interpret in legal settings?

Due to a lack of funding in torture treatment services, refugee resettlement programs and other services for survivors of torture and war trauma, it is extremely common that you may be asked to perform legal interpreting for survivors even if you lack appropriate training or qualifications.

For example, you may be asked to interpret for lawyer-client interviews, asylum hearings or interviews with immigration officials about asylum applications. This type of request may come to you for many reasons, for example:

- Many providers are unaware of the differences between legal and community interpreting.[10]

[10] In a few countries, legal interpreting may be considered part of the larger field of community interpreting and so the two fields may share the same ethics and standards. For example, in Canada, national standards of practice for community interpreting services (HIN, 2010) apply to legal interpreting, and culture brokering and advocacy are

- Asylum applicants, who are not legally allowed to work, are required to bring their own interpreters to interviews with immigration officials and therefore typically need volunteer interpreters.
- If legal interpreting takes place outside the courtroom, many service providers tend not to realize that this type of appointment is legal interpreting. For example, a forensic psychosocial assessment conducted by a psychiatrist for an asylum evaluation and application should be treated as *legal* interpreting because it is part of a legal rather than a medical process: The purpose of the evaluation is to support an asylum case that will ultimately ascertain if the applicant has a legal right to remain in the country.
- Providers often don't realize that legal interpreting outside the courtroom should be performed by trained, qualified and (ideally) court-certified legal interpreters.
- Many providers are unaware how challenging legal terminology and proceedings can be to interpret.
- Court-certified interpreters typically charge more than community interpreters, depending on the country, and therefore are often too expensive to request for non-courtroom legal interpreting.
- Most volunteer interpreters are not court certified, but they are often asked to perform interpreting assignments for which they are not qualified.
- Many providers assume that interpreters trained in one area of interpreting are always qualified to work in other areas of interpreting, which is not accurate.

In the Words of an Immigration Lawyer

A lawyer reports a situation that arose during an asylum interview.

We had a situation where the interpreter was having an off day, for whatever reason. She just got overwhelmed, had trouble concentrating, some terminology problems. And this wasn't complicated language. Her interpretation degraded to such an extent that the immigration official stopped the interview and said, "This is not acceptable interpretation." Luckily, the lawyer was bilingual in the language of the client, and they all said, "Let's just dismiss the interpreter."

As soon as you recognize that for whatever reason you can't interpret—you had a bad day, a bad night's sleep, you forgot your medication—you have to be the one to stop and say, "I'm unable to continue." As embarrassing and difficult as that is, it's much more professional than the lawyer or official having to stop the interview.

There are many poorly understood issues involved if you interpret in legal settings outside the courtroom. (See, e.g., Framer et al., 2010, and Ahmad, 2007.) If you are not a qualified legal interpreter, should you interpret for a survivor who meets with a lawyer or an immigration officer? You will have to answer this question yourself, because the therapist, lawyer or social worker who makes such a request may not be aware that you have ethical grounds for refusing the assignment.

prohibited in these standards. Yet even in Canada, court interpreting is a field that stands apart in many ways. International organizations such as the International Organization for Standardization (ISO), founded in 1947, and the European Legal Interpreters and Translators Association (EULITA), founded in 2009, increasingly recognize that legal interpreting in general, and court interpreting in particular, constitutes an area so specialized and based in law that court interpreting cannot typically be governed by general standards for community interpreting.

You have now looked at a sample code of ethics for both medical and legal interpreting. However, there may only be one general code of ethics for all interpreters, including both legal and medical, in the country or region where you work. If you are not a court-certified or qualified, experienced legal interpreter, make your decision about whether or not to accept a legal assignment based on the following criteria:

Experienced legal interpreter

1. Do I feel confident that I can interpret reasonably accurately and ethically in legal settings?
2. Would the survivor get a *more qualified or less qualified interpreter* if I decline the request?
3. If I decline, will there be other negative repercussions for the survivor, e.g., delays, financial hardships, emotional distress or an inability to meet with the immigration official? (For example, asylum seekers who do not speak the language of service are sometimes *required* to bring an interpreter to meetings with immigration officials, though not for court hearings.)
4. What is the best decision you can make for the survivor: To accept the assignment and see how it goes or to decline? In your opinion, which decision will lead to a better outcome for the survivor?

Such a decision may not be easy for you. If in doubt, ask to speak with the lawyer and share your questions and concerns. Most lawyers do not hold preconferences with interpreters. Some of those who do, however, report finding them beneficial.

Activity 4.1 (c): Ethics crosswalk

Instructions for classroom and self-study

1. Look at Table 4 presenting a code of ethics crosswalk between four different interpreter standards, one medical (U.S.), one legal (Europe) and two general (Canada and Australia).
2. If you work outside these jurisdictions and work by a different standard, enter the name of the standard you follow in each section and, for each section of the crosswalk, enter relevant information in the second column.
3. Compare and contrast the principles in the various codes and fill in the right column of the table with the similarities and differences.

Instructions

Review the four codes of ethics/professional standards (left column) and the nine tenets or principles (middle column). If you must work by a different code of ethics in your country/region, list the name of the code and relevant tenets under each section. Discuss these in your group, comparing and contrasting each. Fill in the blank right column.

Table 4: Code of Ethics Crosswalk

Code of Ethics	Overarching Principles	Crosswalk
A National Code of Ethics for Interpreters in Health Care (NCIHC, United States)	1. Beneficence 2. Fidelity 3. Respect for the importance of culture	**Similarities**
National Standard Guide for Community Interpreting Services (HIN, Canada)	Improve access (inferred) *Provision of quality community interpreting services to ensure reliability in the provision of such services nationwide.*	
Code of Professional Ethics (EULITA, European Union)	Equity (inferred) *The professional ethics of legal interpreters and legal translators…demonstrate the key role of legal interpreters and legal translators in the search for truth and how their work may affect the life and rights of others…Legal interpreters and legal translators thus play an essential role in all efforts to ensure the equality of citizens in justice-related communications.*	**Differences**
Code of Ethics and Code of Conduct (AUSIT, Australia & New Zealand)	Improve access (inferred) Work to ensure that non-English speaking persons have access to the services of a properly qualified and accredited interpreter or translator in their dealings with authorities.	
Enter name of code of ethics you must follow.	Enter overarching principles of the code you follow.	

Code of Ethics	Tenet	Crosswalk
NCIHC	**Confidentiality:** Tenet 1 *The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.*	**Similarities**
HIN	**Confidentiality:** Tenet 2 *Interpreters will not disclose and will treat as confidential all information learned, either uttered or written in the performance of their professional duties, while adhering to relevant requirements regarding disclosure.*	

Code of Ethics	Tenet	Crosswalk
EULITA	**Confidentiality:** Tenet 5 *Legal interpreters and legal translators shall be bound by the strictest secrecy. Any information acquired in the course of an interpreting or translation assignment for judicial purposes or its preparation shall not be disclosed.* *Legal interpreters and legal translators shall refrain from deriving any personal or financial benefit from information they have acquired in the course of an interpreting or translation assignment for judicial purposes, or its preparation.*	**Differences**
AUSIT	**Confidentiality:** Tenet 2 *Interpreters and translators maintain confidentiality and do not disclose information acquired in the course of their work.*	
Enter name of code of ethics you must follow.	Enter provisions on confidentiality in the code you must follow.	
NCIHC	**Accuracy:** Tenet 2 *The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.*	**Similarities**
HIN	**Accuracy and Fidelity:** Tenet 1 *Interpreters strive to render all messages in their entirety accurately, as faithfully as possible and to the best of their ability without addition, distortion, omission or embellishment of the meaning.*	
EULITA	**Accuracy:** Tenet 2 *The source-language message shall be faithfully rendered in the target language by conserving all elements of the original message while accommodating the syntactic and semantic patterns of the target language. The register, style and tone of the source language shall be conserved.* *Errors, hesitations and repetitions should be conveyed.* *An interpreter shall request clarification when he or she did not understand a sign-language user or speaker, for example for reasons of acoustics, or ambiguity of a statement. He or she shall signal and correct any interpreting errors as soon as possible.*	**Differences**
AUSIT	**Accuracy:** Tenet 5 *Interpreters and translators use their best professional judgement in remaining faithful at all times to the meaning of texts and messages.*	
Enter name of code of ethics you must follow.	Enter provisions on accuracy in the code you must follow.	

Code of Ethics	Tenet	Crosswalk
NCIHC	**Impartiality:** Tenet 3 *The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.*	**Similarities**
HIN	**Impartiality:** Tenet 3 *Interpreters strive to maintain impartiality by showing no preference or bias to any party involved in the interpreted encounter.*	
EULITA	**Impartiality:** Tenet 4 *Legal interpreters and legal translators shall remain neutral and also maintain the appearance of impartiality, avoiding any undue contacts with either witnesses, defendants and their families or members of the legal professions.* *Any potential conflict of interest shall be immediately disclosed to the court*).* **) applies to all legal settings.*	**Differences**
AUSIT	**Impartiality:** Tenet 4 *Interpreters and translators observe impartiality in all professional contacts. Interpreters remain unbiased throughout the communication exchanged between the participants in any interpreted encounter. Translators do not show bias towards either the author of the source text or the intended readers of their translation.*	
Enter name of code of ethics you must follow.	Enter provisions on impartiality in the code you must follow.	
NCIHC	**Boundaries / Scope of Practice:** Tenet 4 *The interpreter maintains the boundaries of the professional role, refraining from personal involvement.*	**Similarities**
HIN	**Maintenance of Role Boundaries:** Tenet 5 *Interpreters strive to perform their professional duties within their prescribed role and refrain from personal involvement.*	
EULITA	**Protocol and Demeanour:** Tenet 6 *Legal interpreters and legal translators shall behave with dignity and respect towards the court*) and perform their duties as unobtrusively as possible.* *Legal interpreters shall use the same grammatical person as the speaker or sign-language user. Should it become necessary for them to assume a primary role in the communication, they must make it clear that they are speaking for themselves, by using for instance the third person (i.e., "The interpreter needs to seek clarification...")* *Legal interpreters and legal translators shall refrain from giving advice to the parties or otherwise engage in activities others than the ones belonging to the actual assignment.* **) applies to all legal settings.*	**Differences**

Code of Ethics	Tenet	Crosswalk
AUSIT	**Clarity of Role Boundaries:** Tenet 6 *Interpreters and translators maintain clear boundaries between their task as facilitators of communication through message transfer and any tasks that may be undertaken by other parties involved in the assignment.*	
Enter name of code of ethics you must follow.	Enter provisions on role boundaries in the code you must follow.	
NCIHC	**Cultural Awareness:**[11] Tenet 5 *The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.*	**This principle is found in only one of the four codes. What are the implications for the trauma-informed interpreter and the client(s)?**
HIN	**Cultural Awareness:** Not endorsed. The *National Standard Guide for Community Interpreting Services* (HIN, 2010) states: *While the LITP*[12] *Standards of Practice integrates the work of several previously published standards of practice, they differ (significantly) in the expectations for interpreter role boundaries (and the interpreter's responsibility to intervene as needed to remove barriers to communication). Unlike the CHIA, NCIHC, and IMIA standards, the LITP Standards of Practice do not endorse cultural brokering and advocacy.*	
EULITA	**Cultural Awareness:** Not referenced in the *EULITA Code of Professional Ethics* although in the Definition of Terms there is mention of: ***Intercultural competence:*** *Professional awareness and understanding of the cultural factors, including but not limited to, behaviour and gestures, tone, values, roles, institutions, as well as linguistic differences and similarities.*	
AUSIT	**Cultural Awareness:** Not referenced in the *AUSIT Code of Ethics and Code of Conduct.*	
Enter name of code of ethics you must follow.	Enter provisions on cultural awareness in the code you must follow.	

11 The term *cultural awareness* is used here. Other documents use *cultural competence* or *cultural humility.*

12 LITP is a reference, in Canada, to a specific Language Interpreting Training Program.

Code of Ethics	Tenet	Crosswalk
NCIHC	**Respect:** Tenet 6 *The interpreter treats all parties with respect.*	**This principle is found in some codes, but not others. What are the implications for the trauma-informed interpreter and the client(s)?**
HIN	**Respect for Persons:** Tenet 4 *Interpreters demonstrate respect towards all parties involved in the interpreted encounter.*	
EULITA	**Respect:** Respect for parties involved is not described specifically in the *EULITA Code of Professional Ethics.* However, Tenet 7, Solidarity and Fair Conduct, states that interpreters *shall act in a spirit of respect,* which certainly implies a similar concept.	
AUSIT	**Respect:** Respect for parties involved is not referenced specifically in the *AUSIT Code of Ethics and Code of Conduct* however there is mention of respect here: **Maintaining Professional Relationships:** Tenet 7 *They foster a mutually respectful business relationship with the people with whom they work and encourage them to become familiar with the interpreter or translator role.*	
Enter name of code of ethics you must follow.	Enter provisions on respect for persons in the code you must follow.	
NCIHC	**Advocacy:** Tenet 7 *When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must be undertaken only after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.*	**This principle is found in some codes but not others. What are the implications for the trauma-informed interpreter and the client(s)?**
HIN	**Advocacy:** Not endorsed and, in fact, prohibited. The *National Standard Guide for Community Interpreting Services* (HIN, 2010) states: *While the LITP Standards of Practice integrates the work of several previously published standards of practice, they differ (significantly) in the expectations for interpreter role boundaries (and the interpreter's responsibility to intervene as needed to remove barriers to communication). Unlike the CHIA, NCIHC, and IMIA standards, the LITP Standards of Practice do not endorse cultural brokering and advocacy.*	
EULITA	**Advocacy:** Not referenced in the *EULITA Code of Professional Ethics.*	
AUSIT	**Advocacy:** Not referenced in the *AUSIT Code of Ethics and Code of Conduct.*	
Enter name of code of ethics you must follow.	Enter provisions on advocacy in the code you must follow.	

Code of Ethics	Tenet	Crosswalk
NCIHC	**Professional Development:** Tenet 8 *The interpreter strives to continually further his/her knowledge and skills.*	**Similarities**
HIN	**Continued Competence:** Tenet 8 *Interpreters commit themselves to life long learning in recognition that languages, individuals, and services evolve and change over time and a competent interpreter strives to maintain the delivery of quality interpretation.*	
EULITA	**Professional Competence:** Tenet 1 **Obstacles to Performance Quality:** Tenet 3 Tenet 1: *Legal interpreters and legal translators shall use the specific interpreting technique (consecutive, simultaneous, whispering, sight translating) according to the requirements for optimum cross-cultural communication in legal settings.* *Legal interpreters and legal translators must not take on an assignment for which they have no or inadequate competences (in terms of language or subject matter), or which they are not able to perform properly (e.g., for lack of time to prepare for the assignment).* *Legal interpreters and legal translators shall strive to maintain and improve their interpreting and translation skills and knowledge.* Tenet 3: *Legal interpreters and legal translators shall bring to a court's*) attention any circumstance or condition that affects the quality of performance such as interpreter fatigue, inability to hear and/or see, inadequate knowledge of the specialized terminology, insufficient understanding of a dialect. They must decline assignments that would have to be delivered under conditions that make a qualified professional performance impossible.* **) applies to all legal settings.*	**Differences**
AUSIT	**Professional Development:** Tenet 8 *Interpreters and translators continue to develop their professional knowledge and skills.*	
Enter name of code of ethics you must follow.	Enter provisions on professional development in the code you must follow.	
NCIHC	**Professional Conduct:** Tenet 9 *The interpreter must at all times act in a professional and ethical manner.*	**Similarities**
HIN	**Accountability:** Tenet 6 **Professionalism:** Tenet 7 Tenet 6: *Interpreters are responsible for the quality of interpretation provided and accountable to all parties and the organizations engaging the interpreter's service.* Tenet 7: *Interpreters at all times act in a professional and ethical manner.*	

Code of Ethics	Tenet	Crosswalk
EULITA	**Solidarity and Fair Conduct:** Tenet 7 *Legal interpreters and legal translators shall act in a spirit of respect, cooperation and solidarity towards their colleagues.*	**Differences**
AUSIT	**Professional Conduct:** Tenet 1 **Maintaining Professional Relationships:** Tenet 7 **Professional Solidarity:** Tenet 9 Tenet 1: *Interpreters and translators act at all times in accordance with the standards of conduct and decorum appropriate to the aims of AUSIT, the national professional association of interpreting and translation practitioners.* Tenet 7: *Interpreters and translators are responsible for the quality of their work, whether as employees, freelance practitioners or contractors with interpreting and translation agencies. They always endeavour to secure satisfactory working conditions for the performance of their duties, including physical facilities, appropriate briefing, a clear commission, and clear conduct protocols where needed in specific institutional settings. They ensure that they have allocated adequate time to complete their work; they foster a mutually respectful business relationship with the people with whom they work and encourage them to become familiar with the interpreter or translator role.* Tenet 9: *Interpreters and translators respect and support their fellow professionals, and they uphold the reputation and trustworthiness of the profession of interpreting and translating.*	
Enter name of code of ethics you must follow.	Enter provisions on professional conduct in the code you must follow.	

Section 4.2: Applying ethics and standards to trauma-informed interpreting

Objective 4.2

After completing this objective, you will be able to:

Apply interpreting ethics and standards to real-life scenarios about interpreting for survivors of torture and war trauma.

Applying ethics

Using your knowledge from the previous section, you will now apply that knowledge to real-life situations that involve interpreting for survivors.

Applying interpreting ethics in this field often differs from interpreting in other areas. In all cases, interpreters will need to exercise careful decision-making. In these cases, the interpreter will need to consider the impact on the survivor of the interpreter's ethical decisions.

Let us consider the broad categories of basic interpreting principles common to one or both of the codes of ethics you just reviewed and apply them to interpreting for survivors of major trauma.

Confidentiality

General issues concerning confidentiality

Issues related to confidentiality in this field include:

- Client fears about confidentiality
- Your introduction
- Note-taking
- Breaking confidentiality if required
- Giving your first or full name

Confidentiality: A Sensitive Issue

One client was so afraid that the interpreter would recognize him that he refused to be in the same room with the interpreter: He wanted only phone interpreting.

He was afraid the interpreter might share his information in his cultural community, despite the provider's reassurances that the interpreter was strictly bound by confidentiality.

Client fears

You, as the interpreter, will want to be clear how seriously you take the principle of confidentiality in order to reassure the client. Survivors who are deeply traumatized by past events may frequently scan the room, consciously or unconsciously looking for signs of danger. Even a sudden noise can cause the client to jump or look startled.

Remember, too, that the client does not know you well or how deeply you can be trusted. That is one of the reasons that you will often be asked to continue interpreting for the same client: to build trust.

Also, if you interpret for a less common language, the client may fear that you will share information that you learn with other members of that immigrant community.

Client fears

For the client, issues surrounding trust can extend to bad past experiences, for example, with informants or neighbors who betrayed the client. Clients may also fear the possible impact of a betrayal of confidentiality on family members back in their homeland. For example, one client took part in a demonstration in Boston, only to have her family approached in her country of origin by government agents who warned them, "We know your daughter took place in that demonstration in Boston." This was a frightening experience for the client.

Make sure that the client knows how strictly you view confidentiality. It may help to have the provider tell the client that interpreters are *strictly* required to respect confidentiality.

Your introduction

Introductions are always important because they set the tone, convey your professionalism and lay down parameters for the session. Take advantage of the opportunity to customize your introduction in ways that will help survivors and providers understand your role.

For example, confidentiality is so important in interpreting that perhaps you always mention it when you introduce yourself. However, when interpreting for survivors you may want to emphasize it even more than usual. As one therapist in this field reports, "Trust is *everything*." Use your introduction to build trust about confidentiality, privacy and your professionalism.

Here is a model introduction that you can use or build on:

- Hello. My name is...and I will be interpreting for you today.
- I want to assure you that everything I learn here will be kept *strictly* confidential.
- I'm going to interpret everything you say (or sign).
- I may write down some words to help me interpret accurately, but I'll destroy my notes before I leave.
- If you can, please speak slowly and pause when I make a signal to give me time to interpret.
- If you don't understand what I say, please ask.
- Do you have any questions?

Note: If the client has questions, interpret them for the provider and let the provider answer, if possible.

Also, if you know that particular providers or clients may present you with specific challenges, simply add anything appropriate to your introduction that can help you. For example, you might wish to add to your introduction comments like these:

To the provider

- Please let the client know I am here only to interpret and can't answer questions during the session.
- I find it helpful to have a short debriefing after the session if you are available.

To the client

- I know some things may be difficult for you to tell the provider, but please be aware that during the session I must interpret *everything* you say (or sign), even if you are speaking to me.

Note-taking

The importance of respecting the confidentiality of your note-taking cannot be underestimated. Note-taking by an interpreter (or anyone else) can be alarming for survivors. In your introduction, mention why you take notes and that you will destroy them.

Note-taking

One therapist recommends that you literally tear your interpreting notes in half when the session ends. Such symbolic gestures, she says, go a long way toward reassuring clients about safety and confidentiality.

Therapists also have to take notes, often detailed notes for legal testimony. One torture treatment therapist likes to reassure her clients about why she does so. Then she points to the locked cabinets where her notes are kept. She adds that her notes are not going to be used for any reason except to help the client in therapy and in legal testimony.

Remember that paper and pen have brought many survivors great trouble and even led them to prison, where they were tortured. For example, a survivor may have been arrested for distributing pamphlets and fliers. Papers found by the police have led to arrests. Quite a number of survivors are forced to sign confessions while in prison. So, many survivors have painful associations with paper.

Breaking confidentiality if required

As you may have learned during basic interpreter training, there are some situations where you may be required to break confidentiality if the client shares certain kind of information with you outside the session. For example, federal laws require you to report if anyone appears to be a danger to himself or others—in other words, if there is a risk of suicide or homicide.

Regional and state or provincial laws vary, but they may also require you to report other things like suspicion of child abuse or vulnerable adult abuse. If you interpret for a medical professional and in particular a therapist, or a lawyer specialized in these areas, they can advise you about the reporting laws for your jurisdiction. You may also wish to read a publication of the U.S. National Health Law Program, *Health Care Interpreters: Are They Mandatory Reporters of Child Abuse?*, which is available at www.healthlaw.org. Even if you do not interpret in the U.S., you may find the information helpful.

In Canada, interpreters are similarly required to disclose situations where the client or someone else might be at risk of harm. In addition, they are also required to report any suspected child abuse they may learn about. That is one reason Canadian interpreters are advised (like so many others around the world) to avoid remaining alone with the client.

Giving your first or full name

Building trust about confidentiality extends even to whether you give your first name or full name, a decision you will make based on cultural considerations. Here, for example, is an excerpt from a conversation between a Russian interpreter and a Spanish interpreter discussing how they would introduce themselves to survivors:

Russian interpreter: Practically everywhere now, I'm coming in with a [name] badge with my full name, either in court or medical interpreting. It's a cultural thing to introduce myself as first name only, more friendly. I've experimented with this. If I give the full name it's more bureaucratic, and if I give all three names in Russian, immediately I see in the eyes of the client, "OK, you're part of the system, you're not on my side." My first name works better.

Spanish interpreter: I do know from experience there does seem to be a slightly different reaction for full name rather than just first name. We are there to help build trust and no sense of added fear, but I also want to be cautious about having [clients] think we're on their side. The point being made here is to consider what is the most appropriate way of introducing yourself that would minimize the fear or belief that we're not there to do our jobs.

Russian interpreter: Yes, it's like working on the edge of the knife, because we have to maintain trust but also maintain impartiality.

Accuracy

General issues concerning accuracy

There are several important issues related to accuracy when interpreting for survivors. They include:

- Completeness
- Reflecting tone
- Avoiding unnecessary clarifications
- Interpreting proper nouns
- Ambiguous pronouns
- Third person
- Interpreting whole thoughts

Completeness

In most codes of ethics for interpreters, completeness is required. In community interpreting, you may only summarize during emergencies or situations that veer completely out of control through no fault of the interpreter.

That requirement to interpret everything is also true when interpreting for survivors—not only for legal interpreting (where accuracy is legally required) but also in medical and mental health settings (where completeness becomes a patient safety issue).

Emotional experiences of torture

In therapy with torture survivors, interpreting all the content that arises often becomes challenging for many reasons. For example, if the client opens up about intensely emotional matters or experiences of torture, it is difficult to interrupt even when that person speaks far too long. Clients may also speak quickly if they are upset, or in stream of consciousness or using terms or types of expressivity that make it challenging to interpret everything.

Here are three suggestions to help you.

1. Before the session, make sure that you have established a clear signal (often a simple hand gesture is enough) that will show the provider and the client when they need to slow down or stop so that you can interpret accurately. (Signed language interpreters may need another strategy, such as clearing their throat, to alert the provider.)

2. Consecutive mode is the default mode. But if you are competent in simultaneous mode, you can switch to simultaneous during emotionally charged parts of a session until you "catch up." (However, try to avoid a habit that some interpreters have developed of performing "half-and-half" consecutive and simultaneous, a phenomenon sometimes referred to as "consecutaneous.")

3. Practice and develop your note-taking skills to extend your memory load. Note-taking is an *essential* skill for interpreters—and even more so when interpreting for survivors. Take courses, classes and conference workshops that include note-taking. This is one of the most valuable strategies to help you avoid interrupting an emotional outpouring while still maintaining accuracy.

Another Perspective

Question: What are some of the common concerns or challenges you have when working with interpreters?

Psychiatrist: *For me it's incomplete interpretation. To realize that not everything is being interpreted—that's disturbing!*

4. If you find your memory load is often exceeded, meet privately with the provider to discuss strategies for handling this problem so that you do not omit anything critical or resort to summarizing often.

It will be important to hone your skills to increase your memory load from two or three sentences to a paragraph or even several paragraphs if at all possible. Of course, you will always try to be complete, but also try not to interfere with therapy or the session. Interrupting every sentence or two may hamper the client's desire to speak coherently about key events or the provider's ability to assess the client's responses.

Here is a candid example from one interpreter, who describes the difficulty when clients become emotional and speak quickly without pausing:

> *It's good to discuss this [possibility] with the therapist before the session because so much is related to the story and trying to put it together. But so much of what the therapist is gauging is observing the client's affect and overall state of being. So sometimes just letting them speak and get things out is important.*

Do keep in mind that providers in this field are *extremely* concerned with accuracy and completeness. They are not sure why some interpreters do not interpret everything. "I'm sure there's a spectrum of reasons," one doctor reports, "including lack of training. Some may think they're communicating the medical gist, and in their minds, that's sufficient." But it's not. Interpret *everything.*

Reflecting tone

As you know, in community and legal interpreting you are expected not to adopt a neutral tone. Instead, you should reflect the emotional tone of the speaker, although you may soften it somewhat. (For example, if the client shouts, raise your voice but do not shout, and if someone expresses anger or tearful emotion, express it less strongly.)

That said, anecdotal evidence suggests that many interpreters for survivors do adopt a neutral tone of voice. There may be many reasons that they do so, starting with lack of training. But in some cases, they may be trying to distance themselves from the traumatic material and also to maintain boundaries.

One legal interpreter who sounded "robotic" and "deadpan" to the lawyer defended himself by saying, "I was trying not to make eye contact and trying to be as unobtrusive as possible." Yet it may be that interpreting for survivors makes it harder to reflect the speaker's tone due to the extreme emotions and horrific stories that are shared.

Here is guidance from both clinicians and interpreters on this subject:

1. *Do* interpret the linguistic aspects of the communication, such as hesitations, repetitions, pacing, emphasis and strong language.
2. *Don't* be wooden or unnatural.
3. *Do* protect yourself emotionally when the client is reporting traumatic events. For example, focus on linguistic aspects like pacing and emphasis to help minimize the impact of the traumatic content on your ability to interpret.
4. *Don't* feel you should mimic the client's exact emotional tone. Doing so may disturb the client or cause you to begin feeling secondary trauma. Use your best judgment.

A Special Strategy for Clarification

Question: Can you describe a situation where the interpreter is trying to interpret something, but there is no real equivalent in the target language?

Psychiatrist: *In that case, just notify the provider and let the provider redirect. Like a word the client is using: You can intervene to ask the client to clarify, but if it's something a bit more complex, you want the provider to redirect the questioning. [For example, the provider might say:] "You just used a concept the interpreter doesn't know. Would you mind explaining it?" I've never had anything that couldn't be clarified that way.*

Avoiding unnecessary clarifications

There is absolutely no difference about the importance of accuracy in this field compared to other settings except in severity of the consequences: Your accuracy may mean the difference between a survivor who has endured unimaginable suffering getting the help they need or failing to get help. An important misunderstanding could potentially scuttle or undermine the survivor's progress or access to legal status. Accuracy is not everything, but it is vital.

That said, accuracy does not mean that you should expand on what the client said in an effort to clarify. Leave that job to the provider. In general, if you cannot interpret clearly without paraphrasing *briefly* (e.g., in half a sentence or so), then try and find another strategy.

Advice from a Lawyer

One immigration lawyer advises you strongly not to explain terms: just interpret the terms or keep them in the original language. Here is the lawyer's reasoning:

You might say, "Oh, when he says that [name] he's talking about their security service. It's kind of like your FBI." But often, especially with asylum, we [already] know that. We see Cameroonians, for example—maybe not that many, but when you've seen a couple you've done the research to figure out the story, so you know the political parties, you know how it works, and it's important for interpreters not to assume that [lawyers] are unfamiliar with their country. Stick to proper nouns if it's not something that can be translated. If the lawyer needs to know what that group is and who they should be affiliated with, it's the lawyer's job to ask, or to go back and do their own research.

For example, if a word is too complex to interpret in a few words in the original language, you could let the provider clarify it. That means if the client refers to the "Romo" group, just repeat the name "Romo" when you interpret. You might assume the lawyer or therapist has no idea what "Romo" means and want to

explain it. But as one lawyer reports, "This is an area where interpreters get into trouble." One interpreter for survivors agrees: "The therapists and core service providers know the terms and cultural concepts better than I do."

Another example is a term related specifically to torture practices. Even if you know what "parrot"[13] means, don't explain it. Keep the term in its original language or interpret it more or less literally and let the therapist or lawyer (who probably knows the term anyway) ask questions.

However, sometimes it is necessary to request clarification to avoid an obstacle. For example, even a simple term like "uncle" or "wife" or "cousin" can take a lot of back-and-forth communication to determine the exact relationship, which may be quite different from how we understand those terms ourselves. (For legal interpreting, accuracy about terms that suggest family relationships is vital.)

At other times you may need to intervene to clarify in order to clear up a serious cultural misunderstanding created by a single term or phrase. See Module 5 for details.

Interpreting proper nouns

In general, when you are in doubt about how to interpret a proper noun, keep it in the same language. Examples may include:

- Names of gangs
- Government agencies (which do not always translate easily)
- Political groups
- Ethnic minorities
- Repressive groups
- Any other proper nouns that lack a clear equivalent in the target language

Unlike many or most providers whom you may interpret for in other settings, those who work with survivors are often trained to ask the client about such terms. By not interrupting the session, you are helping the provider and facilitating a smooth flow for the session.

Ambiguous pronouns

In some languages, the use of pronouns is vague and fluid even with respect to gender. The pronoun could even refer to something not directly stated. For example, "him" and "her" could refer to sexual organs, or "he" could actually mean "she."

If you are sure that "he" (for example) means "penis" in a certain context, how do you interpret the pronoun? The answer will vary according to the situation.

13 The parrot position can vary somewhat, but in parts of Latin America, for example, the parrot position involves a prisoner tied into a crouching position. The captors then pass a pole through the narrow gap between the prisoner's bent knees and arms, pull up the pole and hang the prisoner from it in that position so that the prisoner's head is hanging downward.

For example:

- *Possibly appropriate*. For example, "Excuse me, as the interpreter I need to point out that in this context "he" refers to "penis."
- *May be inappropriate—or legally forbidden*. For example, during an asylum interview with an immigration official, the interpreter is not permitted to intervene at all.
- *Inadvisable*. If the client is in a distressed emotional state, interruptions by the interpreter are often unwelcome.

If you do intervene to clarify an ambiguity, address the provider first and notify the provider that you are about to interpret what you said to the client. This procedure allows the provider a critical opportunity to rephrase what you are about to say for the client's emotional safety if that is necessary.

Clarifying ambiguities with a provider after the session (especially about sensitive and sexual terms) is usually a safer and often advisable time to do so, since the client may be in a fragile state. That said, the provider may need to be aware what such pronouns mean during the session, especially in view of the possible need for legal testimony and written statements that may include the ambiguous pronouns. (Even therapists often work with legal issues and legal documents for survivors.)

For a therapy session, it may be best simply to interpret the meaning of the pronouns in context and let the provider know after the session what you did. Remember, always, that your job is to interpret not literally but for meaning.

Third person

As discussed in Module 3, you may feel traumatized by what you hear. To protect yourself, you may have to switch to interpreting in third person so that it doesn't feel as if these horrific events have happened to you.

Shifting to third person (when needed) is an acceptable application of the principle of accuracy, provided that you do not add or omit information.

Be aware, however, that in third person interpreters tend to add extraneous information, in part because when we shift from direct to indirect speech we change the syntax and structure of the original message in complex ways. As a result, switching to third person taxes our ability to analyze the original message, extract its meaning and render it in another language quickly.

Finally, for therapy appointments, discuss ahead of time whether it might be a good idea to ask the clients what they prefer. As one interpreter puts it:

> *I would even throw out the idea—does the client prefer to have the interpreter speak in first person or third person? If they're hearing "I" all the time, their voice is usurped. They may think, "That's not me anymore. I'm saying 'I' and this other person is saying 'I' also." How does it affect the clients to hear the experience that they've just shared come back in first person? Because a lot of them do speak English but not enough to share their story.*

One Interpreter's Controversial Approach

One volunteer interpreter at a torture treatment center (who had attended only a half-day interpreting workshop) quickly learned that interpreting for therapists or doctors specialized in examining survivors was extremely different from interpreting for less specialized providers. In the latter case, the interpreter makes an effort to meet the client before the first session with the nonspecialist provider.

I try to do that wherever I can. Chitchat. It's not really in the good rulebooks [for interpreters], meeting the client ahead of time. I try to avoid it when it's for psych and sometimes for medical, but for legal proceedings and the admin stuff, I find it generally more helpful if I have a bit of a rapport with the client, especially for cultural issues.

What do *you* think about this approach? (Remember however: lawyers for this program advise you that for legal interpreting, it is legally dangerous for you to speak alone with the client.) Please also be aware that some codes of ethics and many service providers around the world prohibit allowing interpreters to remain alone with clients. Yet the reality is that many interpreters in the field report they are left alone with clients and patients. In addition, while in Canada, and perhaps also the country where you work, interpreters are strictly advised *not* to be alone with the client, interpreters in their decision-making often weigh whether a strict adherence to such rules will do more harm than good—and use their best judgment.

Interpreting whole thoughts

In this field more than many others, it is delicate to keep interrupting the speaker every two or three sentences. For the client especially, you may need to develop memory and note-taking skills in order to be able to interpret larger chunks of a message accurately—perhaps a paragraph or much more.

These skills come gradually. Try and take more advanced classes in general interpreting skills if possible, because they usually include practice to enhance memory skills and message conversion skills. Often such classes may address note-taking.

The reason these skills are important is that it is often difficult for clients to open up to their providers, yet critical to do so. If you keep interrupting at sensitive moments to interpret short statements, it distracts providers and clients and may inhibit the clients, who might even shut down.

Impartiality

General issues concerning impartiality

Issues that fall under the heading of impartiality include:

- Establishing a safe, warm relationship
- Positioning
- Eye contact
- Prior knowledge about the client

Establishing a safe, warm relationship

Therapists are extremely sensitive to issues of safety and trust: They will probably guide you about how to behave during the session. They may want a few moments of casual chatting among the three of you before the first session begins to establish an ambiance of comfort and ease.

If you are not accustomed to this kind of behavior from providers, go with the flow: Of all providers, therapists are typically the ones who understand the survivors' needs best and can assess psychological triggers and safety concerns. Learn from the therapists that you work with.

If you are meeting with a doctor, nurse, social worker or lawyer, on the other hand, a great deal of how you will conduct yourself will depend on *how experienced and trained those providers are in working with survivors of major trauma*. If these providers are experienced specialists, trust them. If they are inexperienced (when it comes to working with survivors), trust what you have learned from therapists about how to conduct yourself without crossing inappropriate boundaries while establishing a safe, warm relationship with the client.

Positioning

During a session with survivors, you will need to find an unobtrusive position that helps the provider maintain direct eye contact with the client while allowing you to observe body language of all parties and yet remain in the background—and also hear the client. *It is common for client voices to fall quiet when they speak about their trauma.* Make sure your positioning helps you to hear the client clearly.

Of course, in signed language interpreting, as a practical issue the interpreter will need to have good sight lines of the client.

In truth, however, interpreter positioning is a sensitive issue that has aroused a great deal of discussion in interpreting around the world.

Positioning

Question: Do you find positioning makes a difference in therapy for survivors?

Torture Treatment Therapist: *I absolutely do. I look directly at the client and have the interpreter off to the side so [the interpreter is] not in the range of our direct visual [sight lines]. I speak directly in English to the clients and they speak to me in their language because [therapists] are reading the facial expression. I sit directly facing the client. I put the interpreter to the right side because that's what I have room for in my office, so beside the client, but out of the normal range of vision. As you look directly at the client, the interpreter [becomes] fuzzy. You know—your peripheral vision.*

In most cases, positioning is a constructive way to help the interpreter "stay out" of the session, reduce emotional involvement and focus on interpreting, especially for deeply traumatic material. However, one popular positioning recommendation in the U.S. for medical interpreters places the interpreter beside and somewhat behind the client. This position (which is controversial to begin with in other countries) might be inappropriate for survivors because having someone behind them could exacerbate their fears. A therapist at a torture treatment center reports:

> ***Behind*** *the client would make the client uncomfortable. Trust is everything! They are already scanning the environment all the time to make sure nothing around is dangerous. That's not a normal relationship. So having the interpreter off to one side, it's not rude to any of the three but it's clear that the path is going between the client and me. I always let the interpreter know what I'm doing.*

One Interpreter Speaks About Positioning

What provides the greatest sense of safety? We don't sit behind the client. You're trying to create a sense of safety and transparency. People who have been detained by the police and had horrible things done by unseen people: I can't imagine in what situation it would be OK to sit behind [the client].

I'd go even further. I'm in training to do clinical counseling. My whole orientation is "client's needs above all." The client's welfare and safety is the top priority.

What their needs are should basically dictate the decisions that are made. I would go so far as to say the client should be asked or at least consulted about not just where they sit but where they sit regarding the interpreter ***and*** *the therapist.*

Interpreter positioning can be critical for survivors. One psychiatrist who serves survivors says:

I think our clinic offices don't have a lot of flexibility, but clearly you don't want [the interpreter] standing behind someone. You may not want someone standing too close physically. I'm not saying you should be three feet away, but you shouldn't be on top of them either. I think it depends on the clinic room—sometimes you need to have a free exit for the client so that if someone wanted to leave they wouldn't feel pinned in. I think probably most clinicians would feel the same: If there was an unsafe environment [the client] would be able to stand up and leave.

Therapists, who are sensitive to the client's complex emotional needs, may know an effective position for you. If you can meet with a provider before the first session—always a good idea—you can discuss what position to take and whether it is advisable to ask the client's preference.

Finally, one psychologist agrees that the client's wishes are important too:

> *How true that we need to ask survivors what they need and want. I have always said that torture took away their power...and the very last thing we want to do is to take that power away again.*

Beyond interpreter positioning, try to be sensitive to the space itself. The psychiatrist quoted above points out:

> *Some people have offices that look like cell blocks. No windows. Being attentive to the space and what would make someone feel comfortable [is critical]: You don't want to inadvertently have an environment that's triggering. Many times, people are detained in an office without windows, or only a slit on top for ventilation. The physical space for me is more than where someone sits.*

You may have no control over the space itself or have any idea about the survivor's history of imprisonment. Look at how your positioning relates to the space itself. Some interpreters find positioning themselves behind the provider to be helpful. One interpreter likes to be slightly behind and to the left of the provider. Here is the reasoning:

> *When I interpret for emotionally vulnerable patients or any patients in medical settings, they usually look at me a lot if I am positioned anywhere else in the room but behind the provider. In most cases they tell* ***me*** *their story, they think that they relate to me because I speak their language, because they think I am familiar with their culture and for many other reasons…I have pre-sessions with the providers on a regular basis. I*

worked with the same providers for two years now and we tried different positioning and came to the conclusion that the position behind the provider is the most successful for promoting direct communication between the provider and the client. It helps the client to concentrate his or her attention on the provider. After several minutes looking at me the client transitions his/her attention to the provider while I look at my notes most of the time, glancing occasionally at the client for body language or any other signs that might interrupt the flow of the session.

I understand that this positioning [behind the provider] has its pros and cons, and I am sharing just the practical experience of one interpreter.

Doctor, interpreter and patient

Finally, try to avoid the triangle position if possible while interpreting, at least a close triangle, because it can bring you into the session as if you were a co-therapist or consulting provider. You are neither. You are there to interpret. Look for a background position. If you are with a provider who has not worked out a conscious plan about positioning, ask before the session about the most unobtrusive position you can take and whether you can ask the client for their preferences.

One interpreter at a torture treatment center reports:

In my experience the seating arrangements, when not preordained, have been discussed with/agreed upon with the client. [This is] particularly important in medical rooms, or in places where there's a discrepancy in more than just position by the seating (e.g., stool vs. armchair, etc.), where a potential power dynamic could be seen in the furniture itself.

For providers who do not specialize in working with survivors, or if you cannot meet the provider ahead of time to get permission to ask the client, scan the room as you enter and make a decision about which position you could take that would best promote direct client-provider communication, trust in you and a level of comfort for the survivor.

To sum up the major points, discuss ahead of time with the provider and, if appropriate, with the client, what may be the position for you that will best:

- Promote direct communication between the client and provider.
- Help the client feel relaxed about your presence.
- Keep you unobtrusive (except for signed language interpreting).
- Allow you to hear the client at all times.
- Allow you to observe body language.
- Keep you out of the sight lines between the provider and the client (except for signed language interpreting).

For an excellent discussion of interpreter positioning in healthcare settings, see *Guide to Interpreter Positioning in Health Care Settings* (NCIHC, 2003).

Eye contact

Should you avoid eye contact while interpreting? There is no right or wrong answer except to say that by avoiding contact while interpreting *you often promote direct client-provider communication.* If keeping eye contact with the client and/or provider distracts their attention away from each other, then yes, you should at least temporarily avoid eye contact—by looking down at your notepad, for example.

Even in signed language interpreting, direct, strong eye contact can be avoided while interpreting.

One volunteer interpreter in this field reports that he doesn't always look at the ground if the provider and client are talking to each other easily and if that direct-communication "dynamic" is going well. Speaking in first person really helps, he says, but he adds that he is sensitive to whether the client is "overly relying" on him, in which case he will avoid eye contact.

Prior knowledge about the client

Especially for interpreters for less common languages, who may interpret for the same survivor in multiple settings, hearing the client say one thing to one provider and something different to another provider can be difficult to ignore.

Clients may contradict themselves to different providers or even the same provider for a number of reasons. Possible reasons include their history of trauma, dissociation, a memory lapse ("normal" or clinical) or simply because they are lying. It is not your job to figure out why the client is telling different stories to different providers.

Confidentiality, however, requires you to keep private in one setting the information that you learned in another service setting. Here are some factors to consider:

- Are there legal implications in what you know about the client?
- Are their potential, serious health, mental health or social service consequences for the client's contradictory statements?
- What will happen if you say nothing?

If you are not certain what to do and fearful that what you say might violate confidentiality, find someone to consult. If this is a legal matter, ask for the lawyer's supervising lawyer (the lawyer will typically have one). If it is a therapeutic matter, there may be a clinical director. Supervisors of this kind are strictly bound by confidentiality. You can still frame the question without a client's identifying details if you wish, and take guidance from the supervisor about how much to disclose.

Please note that the interplay between the tenet of impartiality and your prior knowledge of the client is a complex issue, and that the local code of ethics for interpreters where you work may have more or less strict requirements in this respect. In Canada, for example, interpreters who realize they know the client from a setting unrelated to interpreting must disclose this to the provider at the beginning of the session. The provider is in the best position to determine if it is best for the interpreter to withdraw from the assignment due to this prior knowledge that may pose a real or perceived conflict of interest.

If the provider decides it is safe to proceed with the interpretation, interpreters in Canada are always expected to refrain from sharing any information about the client they may have learned in the community. The guiding principle here is that an interpreter's job is to facilitate communication when language is a barrier. If the client spoke the provider's language, the provider would have no access to the kind of information the interpreter might bring in such a situation, so it is not the interpreter's role to make such disclosures.

Always make sure you are deeply familiar with and follow the code of ethics that is in use and generally accepted where you work. When in doubt, consult with the provider, if they employ you directly, or with the interpreting agency that you work for.

Role boundaries

General issues concerning role boundaries

Topics addressed that relate to role boundaries are the following:

- How to say no
- Social aspects of role boundaries
- Intervention risks
- Personal contact outside the session
- Advice

- Client requests for help
- Gifts
- Languages of limited diffusion (LLD)

A Therapist Speaks About Setting Boundaries with Clients

Sometimes the interpreter may have to call to make or change an appointment, so the client may have the person's cell phone number. We've had to work with some interpreters setting these boundaries.

The clients ask, "Can you come and interpret for me at my daughter's school?" Or "I'm going to have a party I'd love to have you there." The client starts to see the interpreter as a friend. They don't always understand the role of the interpreter.

There are these really foreign concepts like "therapy," and they see this very empathic, warm, professional interpreter who seems to be functioning well in their eyes, and probably is in this society, and so sometimes they call to ask the interpreter's advice.

Note: To avoid such situations, when you need to call a client to relay a message it is advisable to keep your number private if at all possible. Your phone carrier is likely to have this option available, e.g., by dialing a certain combination of digits before dialing the number you are trying to reach.

How to say no

Sometimes the most important lesson an interpreter can learn is how to say no.

Here is a simple but effective formula when faced with a request you must decline (adapted from Bancroft et al., 2015):

1. Be gracious.
2. Offer 2-3 alternatives.
3. Give reasons.

You feel that you want to give reasons *before* suggesting alternatives, but it's better to offer solutions first, because when the person you're speaking to hears about a solution to the problem, it can relax that person enough to help them pay attention to your reasons.

Here is an example: You are asked by a torture survivor you interpret for in therapy to help that client with a gas-and-electric cutoff notice.

1. *Be gracious.* In other words, validate the request. For example, "I'm very touched that you trust me so much you're asking for my help with this. It's an important issue. I appreciate your trust."
2. *Offer 2-3 alternatives.* It's critical to provide choices that engage the person. Fewer than two solutions is not a choice; more than three is confusing. For example, you could say, "Actually, your case manager here would know exactly what to do. Otherwise I could sight translate suggestions from your referral guide."
3. *Give reasons.* "I'm not a social worker, and I have no experience with this kind of problem. Your case manager has all kinds of connections and information. The information in the referral guide can really guide you well. And I'm not actually permitted to interpret."

When you give reasons, try to put yourself in the mindset of the person making the request. What reasons would that person care about most? Give those reasons first. (By the way, this technique works well when saying no to almost anyone!)

Social aspects of role boundaries

Several aspects of role boundaries may affect you when you interpret for survivors. As mentioned previously, the provider (especially a therapist) may want to introduce some friendly, social conversation between the three of you to establish a trusting relationship. While you should not share personal information, you may comment on general matters, for example, how you find the weather, if you had good or bad traffic en route, or other neutral topics. Remember to always interpret what you say to the other party. While this is a friendly conversation to establish the relationship, you are already in your role as an interpreter and should make sure all participants understand what is being said at all times.

Intervention risks

In general, you risk causing problems if you interrupt the session, and therefore you will not intervene unless doing so is necessary to address a communication barrier. This topic is so important that how to intervene safely is addressed in detail in Modules 5 and 6.

Personal contact outside the session

Avoid seeing the client outside the session, because doing so makes it more difficult to maintain confidentiality and impartiality. (For legal interpreting, as mentioned previously, *do not speak to the client at all except in the presence of the lawyer's appointed staff or other official legal representatives.*)

How One Interpreter Handles Requests from Survivors

When the client calls I always make sure I explain that they usually have a case manager. [I say:] "So this person is most able to help you with that. I don't have any knowledge," or "I can't do anything in that area, but so-and-so can assist you with that. Go and talk to them now, or if you want I can give them a call. Would you like me to call the case manager and see what they can do for you?" [Or I say:] "I am not equipped to help you with that, but someone at the center is." Or "Someone there knows how to find that out, and we can call them together."

However, in many areas of life, including churches, temples, mosques, markets, grocery stores, restaurants or ethnic shops, clients may see and approach you. This can be especially true if you are an interpreter for a less common language or a refugee interpreter. In addition, you may be approached by the client just after a session, or clients may learn your phone number if you make appointment reminders by phone and then call you.

If a client approaches or calls you, try to be brief. If you are pursued by a client (in person or by phone), make it clear that you are being brief not to be rude but out of respect for their boundaries because the provider has asked you to do so for the client's sake. One interpreter never acknowledges a client during any encounter outside the torture treatment center. If the client is concerned and asks the interpreter why, the interpreter explains it is to protect the client's privacy.

If a client approaches you after a legal interpreting appointment, steer the client *immediately* back to any staff member of the legal service and then interpret everything the client is saying to you.

Remember that, depending on where you work, it may be expected of you to avoid any contact with the client outside the interpretation session, whether in a legal or other setting, as is the case in Canada. Make sure you know your code of ethics extremely well and apply the standards of practice as appropriate.

In addition, because remote interpreting by phone or video has become common, you may also be in situations where you interpret remotely for a client who lives in another country, particularly for languages of limited diffusion. In this case, you may have to be familiar with multiple standards of practice, and apply the corresponding one depending on the location of the client and their provider.

Advice

It is easy to tell interpreters, "Don't give advice." But the temptation to respond when clients ask you for advice can be huge, especially if the culture you share with the client makes you feel obligated to help out the client.

The pressing desire of the client for your advice may be aggravated by the fact that therapists and counselors rarely give clients advice. As a result, clients who feel culturally confused may urgently want guidance—especially from you, the person they see as someone who successfully navigates across cultures.

Avoid giving advice. Some of the strategies suggested later in this module may help you out.

Client requests for help

Client requests for help

On a related topic, it is common for clients to ask you for help. Resist the temptation to respond to those requests: It's important for you to refer clients back to the provider.

If the request comes in the context of a therapeutic service, refer the client to the case manager, social worker or the front desk. If the request comes in a medical setting, a nurse is usually helpful. If

the request is in a legal setting and especially if it happens after a lawyer-client interview, *move immediately. Do not speak alone with the client.* Take the client *at once* to the nearest person, be it the front desk, a paralegal or any other legal services provider, and interpret the conversation there. If you do not do so, you may risk destroying lawyer-client privilege. See Module 7 for details.

Never speak alone with a client for whom you have performed legal interpreting.

Gifts

Different codes of ethics, standards and best practices for interpreters around the world have established different requirements or policies around interpreters accepting gifts. For example, in some countries such as Canada or some specializations such as legal interpreting, in general, interpreters are required to decline gifts.

However, some codes of ethics, standards and best practices suggest that accepting tiny cultural gifts, such as a holiday coin of no real value that would be offensive to decline, may be accepted by interpreters. Others suggest that gifts of food may be accepted if the interpreter informs the client or service user that the food will be shared with staff or a larger group.

If a survivor offers you a gift, first inform yourself about the code of ethics you are responsible for adhering to and also the gift-giving policy of your institution and cite that policy. In addition, be aware of the following:

- Many survivors (especially asylum seekers and recent arrivals) cannot afford gifts for interpreters.
- If you are permitted to accept small gifts and choose to accept one, you send a message that all interpreters should get gifts.
- You undermine your neutrality.
- It is actually quite difficult to remain impartial when someone gives you a gift.

In addition, if you interpret for a therapist, you may actually undermine therapy or destroy the therapeutic alliance by accepting or giving gifts to clients because gifts can create a bond between you and the client whereas the bond should be between the client and the therapist.

If you interpret for a lawyer, disclose the offer of the gift immediately. Even if you are permitted to and do accept a gift, it is always good practice to disclose that to the agency or organization you interpret for.

Finally, although some organizations and interpreting associations, in certain countries, allow the interpreters to accept small gifts, not everyone in the field of services to survivors would agree that it is easy to establish universal rules. A psychiatrist reports:

> *Yes. Small things. I mean—let's see, it could be chocolate, costume jewelry, something to that effect. Like when someone traveled they came back with something. For an expensive gift like a gold necklace that's something they would not take. And there have been those instances where the interpreter really couldn't accept. But these innocent tokens have been accepted and*

Two Views on Gifts from Clients

View 1: *The rule [at the torture treatment center] is, if it's a small gift it's better if you can share it with everyone at the center. You accept it for everyone.*

View 2: *I absolutely do not accept anything at all. I tell them, "If you want to give something to [the center], you can."*

I think it would be painful for the client not to [give them]. We're so holistic that we spend a lot of time thinking of people's needs. So I think after some time when a person is in a position to say thank you in a material way, at some point to recognize that. "I wanted you to have this thing from Uganda." They're really proud of what they're offering.

A volunteer interpreter (a medical student) interprets for a torture treatment center that lets interpreters and providers accept small gifts, yet this interpreter chooses not to take any gifts at all. There are many views on this complex issue.

Less common languages

If your language is a less common one, and/or you are a refugee interpreter, you may feel expectations from your cultural community that you should protect survivors, shield them from harm, explain cultural differences and otherwise get involved to help out the client.

Resist that temptation. Trust the provider. Explain to the client or your cultural community that the best way you can help out the client is to be the faithful voice of the client and provider.

Professionalism

You can glean helpful guidance about professionalism by reading this module carefully.

Cultural awareness

Culture is not addressed in this module because it is such an important topic that Module 6 is exclusively dedicated to cultural issues and how to address them when interpreting for survivors. See Module 6 for details.

Scope of practice (legal interpreting)

Scope of practice addresses the role of the legal interpreter, and it is therefore addressed in detail in Module 7, which looks at legal interpreting for survivors.

Conferences, professional events

Professional development

Professional development is necessary in all areas of interpreting and certainly in this challenging area of interpreting for survivors.

Some ideas to consider include:

- Advanced interpreter training programs (especially programs specializing in simultaneous, note-taking, assignment preparation, glossary development and memory skills)
- Terminology resources
- Conferences/professional events, including your own local or regional interpreting association conferences
- Books (especially training manuals and textbooks)
- Articles (especially articles on torture and war trauma, interpreting for torture survivors and refugees and vicarious trauma for interpreters—see the Bibliography of this manual)
- Videos and DVDs

- Websites—search for:
  - Torture and trauma organizations
  - Interpreting for torture and war trauma
  - Interpreting for sexual violence, domestic violence or general trauma
  - Mental health interpreting

Keep in mind the all-important need to keep up your language skills in both languages and especially in your weaker language. As one interpreter reports:

> *Torture was never that tricky for me. The tricky thing was simple stuff. Getting "kicked in the face," or "He punched me in the stomach"—simple stuff that you can rattle off really quickly in your native language, but if you have to interpret it, even if you're interpreting professionally it's not stuff that you interpret often.*[14] *Just the beatings [are a challenge] if they have to be described more specifically. Not specific to torture, just common things [like] steel-toed boots.*

Advocacy

The issue of the interpreter advocating on behalf of the client is a highly debated one and different country-specific codes of ethics for interpreters take different stances. For example, while in the U.S. it is acceptable and sometimes expected of the interpreter to advocate on behalf of the client in a medical setting, but never in a legal setting; in Canada, the interpreter is actively discouraged from engaging in any kind of advocacy.

In this field, in those rare countries and settings where advocacy is acceptable and expected, the interpreter does not need to advocate when working with specialists but may need to do so when interpreting for survivors in other settings where providers do not know or understand how they can trigger suffering in survivors.

For example, going to an optometrist, dentist or internist is not something you would imagine at first to be a traumatic experience that requires advocacy by interpreters, but some interpreters in this field know that the simplest medical visits can be disastrously risky.

Ideally, the providers at torture treatment centers would prepare clients for potentially traumatic visits with medical providers and lawyers, and sometimes they do—but not always. If you find yourself in a situation that seems to be an emotionally high-risk situation for the client but where you cannot share the client's history with the provider, try this strategy:

- Let clients know what the provider is going to do.
- If needed, remind clients where they are (if they begin to dissociate, for example).

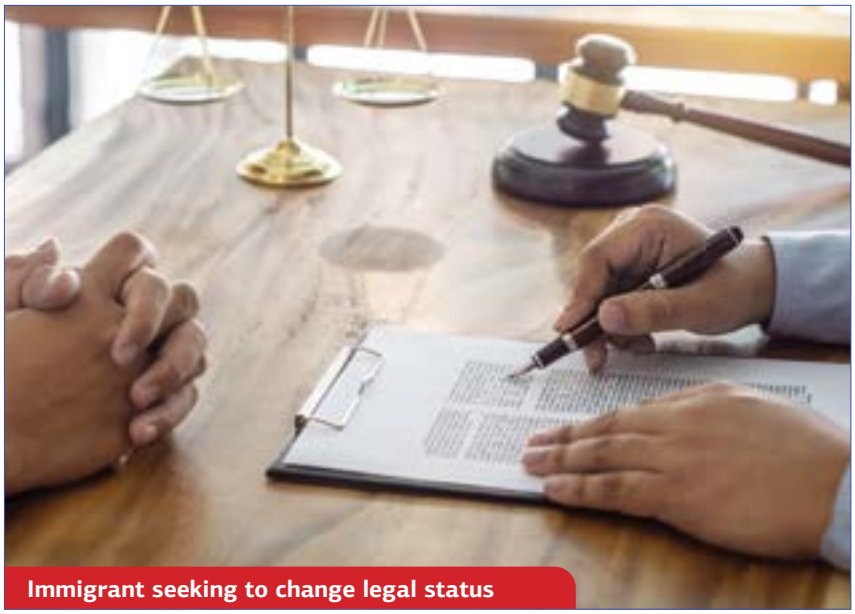
Here is the experience of one interpreter in the field:

> *I had a client who was going to a dentist. The client essentially had massive post-traumatic disorder, and his injuries to his jaw and his teeth came from the torture. So he had to go see a*

[14] Some legal interpreters do, however.

dentist for that, and then a surgeon after that. The dentist did do some work, and the local anesthetic didn't work that well. And when you're at the dentist, you can't talk. So I think for every single [torture survivor] I've taken to a dentist I hold their hand throughout the whole thing, and they can tap my hand at any time if they want to stop.

The other thing I always do as an advocate: If an interpreter goes with a client to an outside provider or even an inside provider [i.e., inside the torture treatment center] and thought the client was mishandled or mistreated, it should be reported.



Immigrant seeking to change legal status

It is *not* advisable in most settings for an interpreter to hold a client's hand. This was a specific case where the interpreter was not crossing role boundary lines but was focused on the emotional safety and comfort of the client. The interpreter had learned from therapists the critical importance of allowing the client some *control* over the dental situation so as not to trigger massive retraumatization.

One can argue about the interpreter's choice if not the intention. This is a classic case of advocacy by the interpreter, a decision taken in a tricky situation. In many similar cases, you will be alone with your conscience trying to determine the best course of action. Not easy work!

Remember, however, that the ethical decision is yours. Base your decisions on your professional judgment. Keep in mind that you, and you alone, will have to live with yourself and your conscience for the rest of your life.

Follow your ethics.
Follow your training.
Follow your conscience.

Can a Visit to an Optometrist Be Terrifying?

Here is one answer from an interpreter: *Yes. A simple visit to an optometrist can be terrifying for a torture or war trauma survivor.*

To sit in a weird chair and have all those contraptions thrown in their faces—it's very scary. I see a number of clients who have been tortured with lights and projectors. But I'm sure the question doesn't even cross the optometrist's mind.

Optional Activity 4.2 (a): What name will you give?

Instructions for classroom

1. Working in pairs, tell your partner whether you would give your first name or full name when introducing yourself to a survivor.
2. Explain why.
3. See if your partner has the same answer or not.
4. Discuss briefly.

Instructions for self-study

1. Think of whether you would give your first name or full name when introducing yourself to a survivor.
2. Write your answer and the reasons you chose it in your journal.

Optional Activity 4.2 (b): Case studies

Instructions for classroom

1. Print a copy of the code(s) of ethics used by the interpreters in the country or region where the training program is presented.
2. In small groups, let interpreters read each case study below.
3. Discuss and answer the questions that follow each case study.

Instructions for self-study

1. Have a print or electronic copy ready of the code(s) of ethics used by the interpreters in your country or region.
2. Read the case studies below and answer the questions that follow.

Case study 1

The client is sharing his story with a provider and mixes up "he" and "she," "him" and "her" (usually but not always substituting masculine when feminine gender is clearly intended). The interpreter understands exactly what the client means when he says "she" instead of "he," etc.

Question 1: If you were the interpreter, would you:

a) Interpret "he" instead of "she"?
b) Interpret "she" and let the provider figure it out?
c) Interpret the pronoun as is, then inform the provider about problems of gender fluidity in that language, during or after the session as you see fit?
d) Tell the provider what the client means?
e) Ask the client what he means?

Question 2: Which ethical principles apply to this example?

Case study 2

For an asylee interview with an immigration official from U.S. Citizenship and Immigration Services (USCIS), the client was obliged (as they all are) to bring an interpreter. However, the proceedings were also monitored by a professional telephone interpreter listening in to ensure the accuracy of the client's interpreter. (This type of interpreter in the United States is called a "monitor interpreter.") Before the interview, the interpreter had to take an oath that specifically prohibits the interpreter from intervening during the session for any reason. In one interview, the following took place.[15]

Asylum officer: Tell us more about the wedding. [*Interpreter interprets*.]

Client: Oh, yes, that's when this terrible thing happened. It happened at my cousin's wedding festival in 2004. My niece was standing on top of a tall staircase when she was pushed. Because she tumbled all the way down, she died. It broke my heart. [*Interpreter interprets*.]

Monitoring interpreter: No, no, the client said she fell.

Question 1: The monitoring interpreter is 100 percent in error. There is absolutely no question or ambiguity in your mind. In that case, as the interpreter would you:

a) Do nothing?
b) Correct the mistake of the monitoring interpreter?
c) Withdraw from the session?
d) Ask for a time out with the lawyer?
e) Try some other strategy?

Question 2: Which ethical principles apply to this example?

Case Study 2: What the Interpreter Felt

The real-life interpreter in Case study 3 was somewhat horrified when the "reference" interpreter interrupted the session to correct him. Here is what he reported about his real-life ethical dilemma:

At the time you feel almost powerless, and at the same time you feel like the client's fate, it's in your hands. What happens if you don't make the right choice [i.e., *interpreting* pushed vs. *fell*]*? It has a direct bearing on the client's life. But if you make the right choice and the reference interpreter disagrees with you, it also has a direct bearing on the client's life.*

Case study 3

You are interpreting for a provider and a client who says, "I went to seamstress school." You know, from your cultural knowledge of the region, that she does not really mean a school. It was almost certainly a group of older ladies who knew how to sew and

15 The wording of the example was changed because the interpreter in real life did not feel he could disclose the linguistic details due to the strict requirements of legal confidentiality. We respected his concerns, yet the analogy presented here accurately reflects the original linguistic/ethical dilemma (i.e., someone *causing* death vs. *accidental* death).

taught through oral transmission. At some point, the client might have been boarding there, but it would still not be a formal school as understood in Western nations. On the other hand, if you intervene to clarify the situation your comments might sound insulting to the client because in the client's mind there is some prestige and pride in calling the institution a school.

Question 1: In this case, would you:

a) Interpret "school" more or less literally?
b) In sensitive language, intervene to explain to the provider what "school" means in this culture?
c) Suggest that the provider invite the client to explain more about what "school" means?
d) Address the cultural meaning of school outside the session, with the provider?
e) Adopt some other strategy?

Question 2: Which ethical principles apply to this example?

Case study 4

The interpreter was interpreting for a session when a client who for weeks has been meeting the therapist and who had never spoken about her torture before finally opened up. She spoke about horrific things that the interpreter found overwhelming. It was too much for her. The interpreter broke into a cold sweat and felt almost certain she was about to cry and reveal her emotions. Yet she was afraid if she left the session, she might derail the client's progress.

Question 1: If you were the interpreter, would you:

a) Quietly and respectfully request a brief break?
b) Ask to withdraw altogether?
c) Focus on your notes to distract you from the story's details so you could keep interpreting a little longer?
d) Give the provider a previously arranged private signal to convey your level of distress and let the provider handle the situation?
e) Try some other strategy from your wellness plan?

Question 2: Which ethical principles apply to this example?

Section 4.3: Ethical dilemmas

Objective 4.3

After completing this objective, you will be able to:

Practice the application of ethics and standards to resolve ethical dilemmas when interpreting for survivors of major trauma.

You will now practice what you have learned in this module through role plays that challenge you to think quickly. You can refer back to the practical information in Section 4.2 as you do so.

Perhaps the most important ethical issue to keep in mind when interpreting for survivors in mental health or legal settings with specialized providers is: "Support the provider." You, as the interpreter, can learn from the therapists, health professionals and lawyers who specialize in serving survivors about how to apply your interpreting ethics and standards of practice in ways that do not cause unnecessary harm for the survivor.

Therefore, *do not step in if the provider seems harsh, distant, peculiar or outright wrong.* You were probably not trained in psychotherapy, law or social work. Providers who work extensively with survivors must act, and largely do act, in the best interests of their clients and of the larger picture that you cannot always see. If the provider truly specializes in working with survivors, then trust the provider's strategies and questions, even if you don't understand them.

If the provider is not specialized in services to survivors, try to use the knowledge you have gleaned from working with the true specialists to guide your decision-making and conduct.

Trauma-informed therapists and specialized medical providers know how to handle many delicate situations with survivors. On the other hand, medical and social service providers who are not specialized in working with trauma survivors may or may not know what to do, while some lawyers (especially immigration lawyers) are aware how to work effectively with survivors and others are not. Those who are not specialists may rely on you inappropriately for cultural advice.

As you practice applying ethics and standards of practice in simulated real-life scenarios, in each case the role play will stop suddenly, and whoever plays the interpreter will have to make a decision based on the ethical principles discussed in this module.

However, you may make different decisions from each other and still be right. Ethics are often seen as rules, but applying them is a strategic process, because no rule can encompass every situation that will face you. In other words, it is important to consider ethical "requirements" in complex situations as tools to help you make effective decisions.

As you put you knowledge into action, try to remember:

- What will most help the survivor? Being a faithful voice for the survivor and the provider.
- Which ethical principles and personal values apply?
- What are the consequences if I do or don't take action about my ethical challenge?

Learn, too, from the experience of other interpreters.

Activity 4.3: Role plays for ethical decision-making

Instructions for classroom

1. Divide into groups of three, preferably with partners who speak the same language(s).
2. If you do not share the same language(s), your trainer will give you special guidance.
3. When your trainer assigns roles, if you play the interpreter for that role play, *close this manual*.
4. If you play the client or therapist, follow the instructions in the text. Act as convincingly as possible. When the script ends, improvise a conclusion based on the response of the person playing the interpreter. Try to act naturally.

Instructions for self-study

If you are studying this manual on your own, you have two options:

Option A (first role play)

1. Read the role play and try to think how you would act in that context.
2. Describe what you would do and why.

Option B (second role play)

1. Work with a couple of friends or adult family members and ask them to play the client and provider roles. (You can work with them in real time or ask them to record the scripts below for you.)
2. Try to record the role play when you act it out, in person or by using their own recording. (You would then need two devices: one to play their recording, and another to record you as you interpret what they say.)
3. When you come to the ethical decision in the role play, act it out as you would if you were the interpreter in real life.
4. After completing the role play, listen to your recording and write down what you did when you faced the ethical challenge.
5. Explain what you did to your friends or adult family members and why you acted the way you did. If they are not interpreters, doing so will force you to explain it in a way that they understand without having the context of your code of ethics, which is useful practice for when you might have to similarly explain your actions to a client.

Role play 1: Dealing with dissociative symptoms

Therapist: Last week, you told me about the first time you were in detention.

Client: Yes. They kept me for two days, and then my uncle was able to talk to someone and they let me out.

Therapist: How did things go for you after that? Where you able to continue with your studies, your regular activities?

Client: I went back to classes, yes, and continued at the university just like before. And after a while I started going to some of the meetings again. I knew...the police had told me to stop doing political things, but I was only going to meetings, mostly with other students

like myself. I wasn't recruiting people or taking part in the protests on campus. But... about four months later, they came to arrest me again.

Therapist: You mentioned that this time was very different.

Client: Yes, very different. They came to my house at night. They took me away.

Therapist: Was it to the same place as before, or a different place?

Client: (*In an altered, monotone voice, still apparently responding to the previous question.*) Oh yes, they took me...(*The client's words trail off, and they fall silent. They seem to be staring at a place in the middle distance, a slight smile on their face. After that, the client and provider* ***simply say nothing*** *and wait to see what the interpreter does.*)

Role play 2: Dealing with rapid speech

Therapist: So, you said you were brought to the detention center in the back of a big police truck?

Client: That's right—along with many other people who had also been arrested at the demonstration.

Therapist: About how many of you were there—do you remember?

Client: Maybe about twenty-four, twenty-five people. And all of us were put together in a little cell, about half again the size of this room, no more.

Therapist: What else do you remember about the cell?

Client: It was awful—so dark, no window. And it stank so terribly. There was only a bucket in the corner for our needs. It was disgusting.

Therapist: Were you in this same cell during all your time in detention?

Client: (*Hesitates.*) Most of the time. Most of the time, except...once.

Therapist: Are you able to tell me about it?

Client: (*speaking so rapidly that no interpreter would be able to keep up, even interpreting simultaneously*) It was the third day. A guard came in. He looked around, pointed at me and said, "You—come." I didn't know why. I thought maybe someone had come for me or paid something to get me out. I thought maybe they will let me go. But he took me to another room. It was down at the other end of the building. It was smaller than the other cell. There was no furniture at all. In the doorway I panicked and tried to turn around, but the guard stood in my way. He said, "Don't go—we're going to have a party, let me call my friends." He called down the hall and they came...maybe, maybe six or seven of them...they pushed me inside and they locked the door...they made me...

(now slow down)

Oh, my God, what they—I can't—it's just—a (*Client covers their face with their hands. They continue talking in a very emotional tone, but the interpreter would be able to understand only snatches of words; most of what they say is muffled.*)

Module 4 Review

Key points to remember

1. Trust the provider.
   Trauma-informed therapists, lawyers and health professionals who specialize in serving survivors of extreme trauma often say and do things that sound strange, harsh or downright uncaring to interpreters. Trust these providers if they are trauma specialists: In nearly all cases, their strategies are conscious. Such strategies are intended to help clients, not hurt them. Avoid second-guessing the provider. Simply interpret.
2. When in doubt, stay out. (Don't intervene.)
   If you think you see a misunderstanding, pay attention—but don't intervene unless doing so seems absolutely necessary to ensure clear communication about key issues. Otherwise, interpret. If you wait until after the session, you may share your observations with the provider, not the client, if you find doing so necessary and your code of ethics allows it.
3. Build client trust.
   Don't socialize with the client: Instead, build trust by behaving professionally and being a true voice for the client and the provider. Emphasize your confidentiality. Destroy your notes in front of the client. Do anything appropriate you can think of to demonstrate that you are acting professionally (even if you are a volunteer) and that you respect client privacy. Show that you care.
4. Be a faithful voice: no more, no less.
   Many interpreters in this field, especially those who interpret in less common languages and for refugees, feel their cultural communities may expect them to help out the client, during and after the session. Resist the temptation. Typically the best way you can help survivors is by being their voice and communicating what they and their providers say accurately and clearly.
5. Stay impartial.
   It may be difficult to respect ethical lines if the client expects you to do more than interpret. And it is true that you cannot be neutral in your *feelings*. You are human, and you are interpreting painful experiences. Yet you can still demonstrate neutral behavior that reflects your professionalism.
6. Know your ethics and standards!
   In this field you will probably be asked to perform both legal and community (including medical and mental health) interpreting. Expectations and standards for interpreters may be different in different countries. If so, you need to be familiar not only with the ethics and standards of practice for your jurisdiction and each field where you interpret, but also how and where they differ.
7. Make a conscious decision about legal interpreting.
   The ethics of legal interpreting are *much stricter* than those for community or medical interpreting. If you are not trained to perform legal interpreting, make a careful, informed decision about whether to do so and, if so, try to restrict your activities to interpreting. Where feasible, do not intervene except to request clarifications of something you do not understand.

Review questions Module 4

Congratulations on completing Module 4 of this training manual.

True or false

1. You may adopt or reflect a less emotional tone than the client if the client is emotional and you are deeply affected. T or F
2. If the survivor speaks or signs too quickly for you to interpret accurately during a therapy session, it is acceptable to omit or compress certain information. T or F
3. If you interpret for survivors, you should seek additional training in simultaneous interpreting, consecutive interpreting and note-taking to improve your accuracy. T or F
4. Except in court, it is sometimes acceptable to switch briefly to third person (indirect speech) if you are interpreting traumatic material. T or F

Multiple choice

5. If you are not trained in legal interpreting but are asked to interpret for a survivor and a lawyer, you would:
   a) Just say no.
   b) Agree to interpret.
   c) Carefully consider what will happen if you accept or decline and weigh the impact of your decision on the best interests of the survivor.
   d) None of the above.
6. A critical difference between legal and community or medical interpreting ethics in the U.S. and some other countries is that:
   a) Legal interpreting ethics are often derived from laws, statutes and case law.
   b) Legal interpreting ethics tend to be stricter and more rigid than those for community or medical interpreting.
   c) Legal interpreters who give a client advice or offer cultural information may be committing a crime (unauthorized practice of law).
   d) All of the above.
7. If a client uses a proper noun such as the name of a political faction or government agency, you should:
   a) Interpret it the best you can.
   b) Explain it.
   c) Keep it in the original language.
   d) None of the above.

Conclusion

Respecting professional ethics can be a challenge in any field. Yet ethics are your "friend": They protect you from harm while offering guidance to help you make effective decisions as you face unexpected situations.

Whenever you interpret for survivors of intense trauma, ethical considerations take on an added urgency. Applying ethical principles and standards of practice safely and effectively helps you to support services to those who have suffered the most extreme trauma imaginable.

Your ethics also help you to avoid causing unintended harm. As a result, it will always be important to think quickly when applying ethics in this field and consider the consequences of your behavior not only on the outcomes of the session but also on the psychological well-being of the client.

In this regard, trauma-informed therapists are often our best guides. What we learn when interpreting for them will assist us in behaving ethically with other nonspecialist providers, such as health professionals and lawyers. Those service providers who do not specialize in torture and trauma services may have less knowledge about how to address delicate situations that can arise when you interpret for trauma survivors. Keep in mind the information you studied in Module 1 at every stage when you apply the information you studied in this module.

In Module 5, you will learn how to intervene safely when addressing communication barriers while interpreting for survivors. Meantime, remember:

- Trust the provider.
- When in doubt, stay out. (Don't intervene.)
- Build client trust.
- Be a faithful voice.

Module 5:

Addressing Communication Barriers

Introduction

The purpose of Module 5 is to explore what the interpreter can do when communication doesn't go smoothly during an interpreted session, especially when the communication breakdown involves a survivor of major trauma.

If you interrupt a session to address a communication barrier or other concern, taking this type of action is usually referred to either as "intervention" or "mediation." Here are a few examples of this type of action. Perhaps someone uses a term you do not know, so you interrupt the session to request an explanation. Or perhaps you are interpreting accurately, but the parties misunderstand each other completely for cultural reasons. Another common example is when a provider uses a term for which there is no exact conceptual equivalent in the other language, such as "flashback."

Sometimes there is simply a practical obstacle that makes interpreting difficult or impossible for you, such as too much background noise or several people speaking at once. In all these cases, and many others, you may have to intervene to address the concern.

Mediation

Internationally, "mediation" is by far the most commonly used term for any action taken by the interpreter, during or outside the session, to address concerns about clear communication. However, in the U.S., particularly in medical interpreting, you will also often hear the term "intervention." In Canada, the preferred term is "interrupting for clarification," while the

term "mediation" is generally not used, because it is sometimes confused with "advocating," which is not allowed under the Canadian *National Standard Guide for Community Interpreting Services*.

In this manual, we will use *intervention* as the default term but will sometimes refer to *mediation* or *interrupting for clarification.* We will use these three terms as follows:

Intervention, mediation or interrupting for clarification

> *Any act or utterance of an interpreter that interrupts a session or takes place outside the session with the purpose of addressing a barrier to clear communication.*

Any such act, whether it takes place during or outside the session, could be appropriate or inappropriate. (However, interventions that take place *outside* the session, in cases where this is permitted, are typically referred to as debriefing, mediation or post-session, not intervention.) For example, asking the client to clarify the meaning of a cultural term could be an example of a professionally *appropriate* intervention or mediation, but telling the client not to cry would be *inappropriate*.

This module focuses on an important aspect of interpreting for survivors of torture, war trauma and sexual violence: How to promote clear communication when a misunderstanding or any other barrier to clear communication comes up. As a result, we will consider practical aspects of your work that go beyond words and the content of the message.

This module will clarify what intervention means, help you decide whether or not to perform it in common situations that you may encounter and give you step-by-step instructions about how to perform it effectively.

Learning Objectives

After completing this module, you will be able to:

Module 5: Addressing Communication Barriers

- **Objective 5.1:** Decide whether or not to intervene or interrupt for clarification when interpreting for survivors of major trauma.
- **Objective 5.2:** List and practice nonintrusive steps for addressing communication barriers when interpreting for trauma survivors.
- **Objective 5.3:** Practice skills for effectively addressing communication barriers when interpreting for trauma survivors.

What we hope to accomplish in Module 5

After you complete this module, we hope that you have a clear sense of what you need to do when you encounter a communication barrier while interpreting for survivors of major trauma.

We hope that you know *why* to intervene, *when* to do so and *how* to intervene nonintrusively. By the end of this module you should be familiar with five basic steps for addressing communication barriers and practice them on a regular basis on your own before you face real-life situations that involve survivors.

We hope you leave this module with the tools and strategies you need to handle common communication concerns that arise during a typical session in services for survivors of torture, war trauma, sexual violence and other major trauma.

Section 5.1: When to intervene

Objective 5.1

After completing this objective, you will be able to:

Decide whether or not to intervene or interrupt for clarification when interpreting for survivors of major trauma.

Activity 5.1 (a): Role plays for decision-making about addressing communication barriers

Instructions for classroom

1. Role-play the following script in groups of three.
2. One person will take the role of the interpreter; the other two will play the client and the provider.
3. *The person who plays the interpreter will **not** look at the script: Only the client and provider will read it.*
4. If the two who play the client and the interpreter speak the same language (other than English), the client will read the text out loud in the other language. (There is no need to sight translate it with great accuracy.)
5. As soon as your group finishes the role play, go to the second role play and let a different person play the interpreter following the instructions above.
6. If time permits, after executing the role plays discuss with other participants what the interpreter decided to do in each role play and whether everyone in your group agrees with those decisions.

Instructions for self-study

If you are studying this manual on your own, you have two options:

Option A

Work with a couple of friends or adult family members and ask them to play out the client and provider roles. Pretend you are the interpreter. Reflect on what you decided to do as the interpreter and why. Write your answer in your journal or explain to your friends or adult family

members helping you out why you acted the way you did. If they are not interpreters, this will force you to explain it in a way that they understand without having the context of your code of ethics, which is useful practice for when you might have to similarly explain your actions to a client.

Option B

Read the role plays and try to think how you would act in that context. Describe what you would do, and why, in your journal. If possible, discuss with other interpreters studying this manual who may have different answers to yours.

Role play 1: The dark room

Provider: What happened when they took you into their camp?

Client: They kept me in a dark room. They made me lie down on a chair with no back and tied my feet to the chair legs and left my head hanging back, so I was leaning back... (*prolonged silence*)

Provider: It must have been a frightening time. What happened next?

Client: Then they would squeeze my chest, and they did the "banana bend," day and night. They tied me up so hard they cut my arms. Then one day when they put me in the banana bend all I can remember is this loud noise and then I blacked out.

Provider: I am sorry. That sounds terrifying. Do you remember what happened when you came back to consciousness?

Client: When I came back I couldn't feel my legs or my chest. So I didn't know until later that they broke my back and paralyzed me. Because that's what the banana bend does.

Role play 2: What happened to my daughter?

Special instructions

1. Role-play the following script two times.
2. Both times, the person who plays the interpreter should not look at the script.
3. When you perform this script *the second time*, the person playing the interpreter is given a note first where it is explained that according to the role, the interpreter is aware that the real meaning of the word "fixed" in this language is "sexual mutilation."

Client: Amnesty International brought my daughter to this country. God bless them, they are good people.

Provider: I'm so glad your daughter was able to join you here.

Client: Yes, yes, my daughter was separated back in my country after the rebels came to my town and burned it down. I'm so happy she's here, after all these years! But this is the problem. When she was with the guards they "fixed" her, so now you can imagine she is very shy. I tell her not to be, but you know, she is very quiet. What can I do?

Understanding intervention, mediation and interrupting for clarification

Intervention or mediation or interrupting for clarification is any act or utterance of an interpreter that interrupts a session or takes place outside the session with the purpose of addressing a barrier to clear communication.

Mediating During Therapy

Question: What are some situations where an interpreter might need to intervene?

Psychiatrist: *If clarification is needed: If there's a phrase or term that's simply unclear. And it could be unclear because audibly it wasn't accessible, or it could be the clients in describing their own experiences have used words that were used in an unusual context. I remember there was one word...The person was talking about how they had been abused and the word that was used was really unusual. It turns out it means "shredded."*

Clarifying the terms: mediation, intervention and interrupting for clarification

Mediation is a "term of art" in interpreting. This term *does not refer to the legal aspects or connotations of "mediation"* (for example, in phrases like "mediation and arbitration"). It refers only to actions taken by the interpreter acting *as* the interpreter to address a significant barrier to communication.

Mediation is an international term used in many countries to describe the speech and actions of interpreters that go beyond interpreting with the intention of removing some barrier to clear communication or to service delivery. Mediation can take place during or outside the interpreted session.

Intervention is a term used in medical interpreting in the U.S. with essentially the same meaning as mediation. However, this term most often refers to interventions that take place during the session, whereas the term mediation is often used to address what the interpreter does both *during* and *outside* the session to address communication concerns.

Different countries may have their own terms for this act. *Interrupting for clarification* is the preferred term in Canada, and the term *mediation* is usually not used (though it was used several decades ago in Canada). Canadian interpreters are also actively encouraged to address all communication barriers during the session, rather than after the session. However, there may be cases when this is not possible, in which case a brief conversation with the provider after the session may be appropriate, especially in the case of staff or volunteer interpreters working directly for the provider.

To be on the safe side, interpreters working for an agency should always seek guidance on this matter from their interpretation services coordinator or a supervisor. Self-employed interpreters should consult the relevant code of ethics or conduct in their country or region and consult with peers, professional associations and interpreter trainers or educators.

In this manual, which is intended for an international audience, the term used primarily will be "intervention," while the other two terms are also used as appropriate. However, remember that no matter which term is used, they all refer strictly to actions taken *by* the interpreter speaking *as* the interpreter to address a barrier to clear communication between the client and the provider, while remaining within the boundaries of the professional interpreter's role.

Another complex set of skills

In your work as an interpreter, you are either interpreting or you are mediating in some way to address a communication barrier. If you intervene as the interpreter, remember that these two responsibilities (interpreting and intervening) entail different skill sets. Your goal when you intervene, or interrupt for clarification, is to facilitate clear communication and support communicative autonomy, which is the capacity of all parties to the encounter to be responsible for, and in control of, their own communication (Bancroft et al., 2015, p. viii).

Interpreting involves taking an oral or signed message and rendering its meaning into another language. The purpose of interpreting is to enable and support communicative autonomy. Mediation is risky because it is not the act of interpreting per se. It involves interrupting the session, identifying yourself as an interpreter, addressing one party, identifying possible barriers to communication, addressing the other party and returning back to interpreting as quickly and smoothly as possible without being involved in a side conversation or addressing multiple questions from either or both parties.

Mediation as a term can also refer to speaking to the provider or client outside the session, when there appears to be a misunderstanding or a communication concern. Remember that, depending on where you work, your code of ethics, a legal requirement, the rules of your organization or the service that sent you to interpret may prohibit you from engaging with the client outside the session, with few exceptions. If this is the case, you should always try to address any barriers in communication during the session to the greatest extent possible.

Most interpreters, especially community interpreters, perform mediation in one form or another. Many do so without a clear understanding of the process. In order to acquire these complex skill sets, interpreters need to know all the steps of how to intervene properly. They also need to analyze and identify the most common situations when it is advisable to intervene and then practice, practice and practice their mediation skills.

In part to protect the integrity of the session and honor the voices of participants, and in part because intervening involves a complex set of skills for which most interpreters receive inadequate training, as a general rule you should intervene *only when there are serious consequences if you do not.*

Remember that your work is linguistic. It is the service provider's job, not yours, to ensure smooth service delivery. Your work centers on communication. You are not a party to that communication. You are there to make communicative autonomy possible: That is, to make sure the parties you interpret for have the capacity to be responsible for and in control of their *own* communication.

Why and when to intervene

If a communication barrier arises, you will have to think quickly and come to a decision: "Do I intervene—or not?" In order to make that decision effectively, you need a clear understanding of why you should intervene at all.

This module focuses on an important aspect of interpreting for survivors of torture, war trauma and sexual violence: How to promote clear communication when a misunderstanding, or any other barrier to clear communication, arises. As a result, we will consider practical aspects of your work that go beyond words and the content of the message.

The reason that intervention is often necessary is that the provider must understand what the client says in order to provide the service effectively. Any misunderstanding may put the outcome of the service at risk.

However, the most important lesson of this module is a simple one: Intervene only when you are certain about the negative consequences of nonintervening for the client and service provision in general.

The first rule of mediation is to intervene only when you are sure that *not* intervening will result in serious consequences, such as an important misunderstanding. *Only a significant barrier to communication justifies the time and risk involved in mediating*.

Types of mediation/intervention

There are many types of situations where you might need to intervene, such as looking up a term you do not know in a glossary, asking someone to slow down, managing the common situation where the client does not appear to understand the provider (but the provider does not notice), addressing a cultural misunderstanding or making clear you cannot give advice.

Glossaries

In legal interpreting, there are strict limitations on the types of mediation that you can perform. In community interpreting (including mental health, medical and social services interpreting), the restrictions are fewer as discussed in Module 4, but there are still important limitations. Where you work may also pose additional limitations. For example, in Canada, the situations where interpreter intervention is acceptable are more limited than in the U.S.

In Table 5a, you will find important criteria to keep in mind when you decide whether to intervene or interrupt for clarification. Table 5b lists important criteria about when *not* to intervene or interrupt for clarification.

Table 5a: Criteria for Intervention Addressing Communication Barriers with Clients or Providers	
DO *consider* intervening when…	
During the session	**Outside the session**
Audibility: You cannot hear what is said. *For example, if the client's voice falls too low (a common scenario), or the client is too upset to understand, gently request a repetition.*	**Debriefing:** You may need guidance from the provider about content that was shared during the session. *You can ask for a debrief to shed light on anything that might interfere with your ability to interpret similar sessions.*
Register: The provider speaks in high-register (i.e., formal, highly educated) language that the client may not understand. *This is a common challenge. Perhaps intervene to suggest that what you are interpreting may not be clear and request the provider to explain.*[16]	**Provider needs guidance:** The provider may need guidance about **linguistic** aspects of communication. *For example, you can clarify that terms like "wife" may not refer to a legally married spouse or that the client's speech patterns were unusual that day.*
Unclear term(s) or phrase(s): A term or phrase that you do not understand prevents you from interpreting clearly. *You can't interpret if you don't know the translation of the term or at least its meaning. However, look for special guidance on the issue later in this module.*	**Phone calls:** You may be asked to interpret phone calls to or for clients. *You can explain why you can or can't interpret such a call (you may not have the time or expertise, a language service may need to authorize the request, etc.).*
Ambiguous terms: A term used by the speaker could have different meanings, e.g., *sister*, *uncle*, *professor*, which do not always refer to a literal blood relationship or title. *Intervene to request a clarification rather than explaining the term yourself, even if you understand the intended meaning.*	**Request for information:** You may need to ask the provider for clarification about key terms or aspects of the service. *For example, you may not understand flashbacks well and a therapist could explain the term, helping you to find an accurate equivalent in the target language.*
Terms without conceptual equivalents: Term or phrases may have no equivalent in the target language and can lead to misunderstandings. *In such cases, ask the provider or client to explain the term rather than doing so yourself.*	**Voicemails:** You are asked to interpret voicemails from clients (i.e., audio translation). *You can explain whether or not you are qualified to do so and whether you are available or authorized to perform that type of work.*
Boundary concerns: You need to clarify your role with the provider and/or client to set clear boundaries. *Often, the role of a professional interpreter is not clear. You may need to have the provider make clear to the client why you can't socialize with or otherwise help the client outside the sessions.*	**Boundary concerns:** You may need to clarify your role with the provider and/or client to set clear boundaries. *Often, clients or nonspecialist providers may ask you to do things outside the session that are not appropriate for an interpreter and may blur your role boundaries. Clarify your role with compassion.*

16 This practice may not be accepted in certain countries, such as Canada, or certain specializations, such as legal interpreting. However, while what the interpreter "should" do in such situations is a topic of great controversy, almost no service provider who works with survivors of extreme trauma would be happy if the interpreter knew the cause of a communication breakdown and did nothing to address it. The resulting potential harm to the survivor—whether legal harm, a breakdown in therapy, a denial of service or a poor health outcome, for example—could be significant.

Cultural misunderstandings: A cultural misunderstanding arises with potentially serious consequences of which the provider seems unaware. *It's best to give the misunderstanding a chance to resolve itself before intervening. See Module 6 for details.*	**Advocacy (medical):** If the client's safety, health, well-being or dignity is at risk, you *may* be permitted to engage in advocacy. *If you are not authorized or trained to advocate, or this is a legal service, consider instead reporting any critical incident to the appropriate supervisor and avoid acting alone to help out the client.* **Remember there are countries, such as Canada, and specializations, such as legal interpreting, where interpreters are not allowed to advocate on the client's behalf. In such cases, it's best to raise your concerns with your supervisor or the interpreting agency.**

Table 5b: Criteria for Intervention
Addressing Communication Barriers with Clients or Providers

Do *not* intervene (except to clarify your role) in situations when...

During the session	Outside the session
Silence: A long silence falls. *Simply sit with silence and let the provider address it. Do not cough, shuffle papers, move around or say anything at all.*	**Requests for client assistance:** The client asks you for your help. *Instead, refer the client to a staff member who can assist.*
Emotional outbursts: The client may weep or act out emotionally. *Avoid comforting the client or suggesting that they stop crying; instead, let the provider handle the situation.*	**Client requests phone calls:** The client asks you to make phone calls. *Instead, offer to interpret them, if that is appropriate. Otherwise refer the client to a staff member.*
Provider insensitivity: The provider seems cold, distant or unresponsive. *The provider may have an important strategy in mind, particularly a specialized provider. Try not to second-guess or interfere: Instead, debrief with the provider after the session (if permitted and appropriate).*	**Cultural guidance:** The provider asks you to explain a cultural issue. *Remind the provider that you are not a cultural expert and might speak in error. Refer the provider back to the client or to reputable resources.*
Technical terms: A term related to torture (e.g., "the parrot") is used by a client during a session with a specialized provider. *Do not try to paraphrase or explain the term. Let the provider seek clarification, if necessary.*	**Request to help out the client:** You may be asked by the client (or the cultural community) to help the client. *Explain gently why you cannot do so or ask the provider to explain your role.*
Proper nouns: The client uses a proper noun that refers to a political group, figure, faction, movement or entity. *Do not explain or interpret the term: Keep it in the original language. If the term leads to confusion, do not explain it: Ask the client to explain. Often, the provider already knows the term.*	**Advocacy (legal):** A client in legal services encounters discrimination. *Lawyers and their agents are the advocates in legal cases. Report any critical incident to them or in rare cases, if the lawyer is the problem, it* may *be appropriate to consult the lawyer's supervising lawyer. If you are a freelancer working through an agency, report to the agency.*
Ambiguous pronouns: A pronoun sometimes causes linguistic confusion during the session, e.g., *he* or *she* are confused. *Some ambiguities should be handled by the provider, particularly in delicate situations like mental health. Intervene only if interpreting becomes impossible to perform accurately.*	**Advocacy (mental health):** A client is discriminated against during a specialist service referral. *Therapists are the advocates in mental health. Report any critical incident to them, or, if they are the source of a serious problem, to the therapist's clinical director. If you are a freelancer working through an agency, report to the agency.*

Minor cultural concerns: A cultural barrier arises that has minimal consequences. *Let the confusion resolve itself unless the cultural concern becomes more serious.*	**Request to attend social events with client:** *Carefully explain why socializing with clients is inappropriate or ask the provider to explain.*
Questions: Someone asks you a question during the session. *Try not to answer: Simply interpret or report the question and let the parties respond. If necessary, clarify your role.*	

Activity 5.1 (b): Should I intervene?

Instructions for classroom

1. Each participant will be given a card with examples from Tables 5a and 5b with the description of the situation.
2. If time permits, one at a time, you will read your card out loud with the question: "Should I intervene or not?"
3. If not, everyone in the group will move at once, based on the decision they make about their cards, to the appropriate spot identified with a large sign corresponding to their situation: "Intervene," "Do not intervene" or "I don't know."
4. When everyone has chosen a station, discuss the reasons why it would be appropriate or inappropriate to intervene in the given situation.
5. Make sure that you **clearly** understand whether the choice to intervene or not was the correct one or not. (If not, ask the trainer.)

Instructions for self-study

1. Revisit the examples in Tables 5a and 5b with the description of the situations.
2. For each situation, determine whether intervention is appropriate according to the local requirements, expectations and code(s) of ethics you are expected to follow where you work.

Activity 5.1 (c): Has this happened to you?

Instructions for classroom

1. Your group will be divided into pairs.
2. Look at Tables 5a and 5b in pairs and check off any situations that have happened to either of you in real life.
3. Share with your partner how you handled the situation and why.

Instructions for self-study

1. Go over the examples in Tables 5a and 5b and identify the situations that have happened to you in real life. What did you do? How did you resolve the situation?
2. Consider sharing your answers with other interpreters who are studying this manual.

Section 5.2: How to address communication barriers

Objective 5.2

After completing this objective, you will be able to:

List and practice nonintrusive steps for addressing communication barriers when interpreting for trauma survivors.

Steps for addressing communication barriers

Sometimes you will need to intervene to address a communication concern. When you do so, what are the steps?

The steps

When you do have to intervene, it is important do so smoothly and quickly so that you can get back to interpreting without interrupting the flow of conversation between the provider and the patient. The steps for mediation are simple, yet often hard to remember. The following steps are adapted from Bancroft et al., 2015:

Steps for Mediation

1. Interpret what was just said or signed.
2. Identify yourself as the interpreter.
3. Intervene briefly.
4. Report your intervention to the other party.
5. Continue interpreting.

How it works

Here is an example to guide you.

Client: My brother Abderrahman came to the village to warn us, so we got out just in time.

Problem: The interpreter is fairly sure that "brother" here does not mean "brother" but perhaps friend, cousin or acquaintance. The therapist is taking notes for an asylum case, and an error about the legal meaning of "brother" is potentially important. What should the interpreter do?

Follow the five steps:

1. Interpret what was just said or signed. The interpreter interprets what the client says into English, including the word "brother."

2. Identify yourself as the interpreter. The interpreter leans forward, makes eye contact and begins the mediation by saying to the provider, "Excuse me, as the interpreter..."

3. Intervene briefly. The interpreter continues, "I'd like to ask the client what *brother* means, since it can mean blood brother, cousin or friend."

4. Report your intervention to the other party. Turning to the client, the interpreter says, "Excuse me, as the interpreter can I ask if *brother* means your blood brother, your cousin or a friend?"

5. Continue interpreting. When the client answers, "Abderrahman is my paternal cousin," the interpreter returns to an unobtrusive (background) position and interprets into English, "Abderrahman in my paternal cousin."

Practical guidance for intervention

Whom will you address first?

In community interpreting, there is no established rule about whom to address first whenever you intervene. However:

- In legal interpreting, as a general rule, *address the legal services provider first.*
- When interpreting in mental health, it is preferable to address the therapist first to give the therapist time to understand the situation and potentially strategize about how to address it.
- In medical and social services, you can make a case-by-case decision about whom to address first.
- It is helpful, however, to address *last* the person who will respond *first.*

An Interpreter at a Torture Treatment Center

Sometimes I've found a client will begin saying something and then they'll say the same phrase and then they'll repeat and add a few more words, almost like someone taking a running jump. They back up and come forward and back up more and come forward and back up some more and then take the jump.

I'll try to repeat the words as the client says them, but sometimes they'll use very similar phrases and repeat the same concept several times, and if they do that when talking about certain things, we [the therapist and I in post-session] will talk about that. That a speech pattern emerged with this client. Or that the use of language was really striking, and they used striking terms to describe what happened to them. Often education level [plays a role]. And it's not just the words. There are certain things about the way a client uses language. Sometimes an interpreter [has] observations that can be added afterward about how that client has used language.

Interpret what was just said or signed

This first step is so easy to forget—and many, many interpreters forget to interpret before they intervene to address a communication barrier. The rule here is clear: Interpret what you can before you intervene (in other words, interpret everything that you understood).

If there is a term you don't understand, you can keep that term in the source language if you are going to request clarification immediately.

Why do you need to interpret what was last stated *before* you intervene? Because you may forget to do so later. Intervening is distracting. Unless you are an impeccable note-taker, or an interpreter with high-caliber memory skills, *do not wait until after you intervene to address the communication barrier to interpret what was said before the intervention,* because you will most likely forget to do so afterward.

Identify yourself as the interpreter

Many interpreters think that when you intervene to address a communication barrier you must refer to yourself in the third person (e.g., "The interpreter requests clarification of..."). In court you must indeed refer to yourself in the third person, but you are not required to do so in community interpreting—or even in legal interpreting outside the courtroom.

However, if you do perform court interpreting often or even occasionally, it's a good idea to refer to yourself in the third person in other settings as well to maintain the third-person habit when you are in the courtroom. For example, you can say, "Excuse me, the interpreter would like to request clarification of..."

If you don't perform court interpreting, you may prefer to say something like, "Excuse me, as the interpreter I would like to ask you to clarify the meaning of..." Identify yourself in any way that feels comfortable, *as long as you make clear that you are speaking as the interpreter and no longer as the client or service provider.*

Intervene briefly

Do not get trapped into long interventions. Doing so can lead to side conversations.

Long statements by an interpreter distract everyone from the direct communication between provider and client. They can also be confusing, derail the conversation, make people forget what they were saying and distract everyone from the purpose of the appointment.

Finally, after a longer interruption by the interpreter, there is a strong tendency for the client and provider to:

- Look at you.
- Speak to you.
- Ask you questions.
- Engage you in other ways.

Keep your interventions brief. In this module we will show you how to do so.

Report your intervention to the other party

Transparency means that you interpret everything that is said or signed during the session, including anything that is said to you or anything that you say to anyone in the room. In this way, everyone in the room knows what is going on.

However, many community interpreters forget to do so when they intervene during the session. They either address one party (the provider or the client) and do not interpret what is said, or they may interpret only a small part of the intervention. In other words, they engage in a side conversation. A side conversation undermines communicative autonomy (the capacity to be responsible for, and in control of, one's own communication) because one party is left out and does not know what is going on.

Often, interpreters say one thing to the provider but something quite different to the client. For example, an interpreter might say to the provider something like: *Could you please simplify what you're saying? The client really can't understand you*. But then, perhaps knowing how negative this message would sound to the client, the interpreter tells the client something like, *I just asked the provider to clarify something.*

Transparency is a standard ethical requirement under accuracy and an international best practice. *Be careful to say to one party only what you would be comfortable reporting to the other party.* For example, how would you feel saying to a client, "I just told the provider you can't understand him"? How would that sound to the client?

Interpretation during the session

Transparency is also easy to forget. If you say, "Excuse me, as the interpreter could I ask you to clarify what a *bimonthly* meeting means?" and the provider answers, "Every two weeks. But wait, do you think what we've been discussing about next steps seems clear to the client?" your immediate, natural response will be to *answer* the provider's question.

Resist the temptation. No doubt you are a polite person. But when you are interpreting, the rules of polite conversation do not apply. If someone asks you a question during the session, let your first instinct be to *interpret it.* If simply interpreting the question might seem provocative or rude, report it instead. For example, you could say, "The provider just asked me if I thought you understood what we had been discussing. I will suggest they speak to you directly."

Even in regular interpreting, lack of transparency may make the ignored party feel suspicious, scared, upset, angry or confused. For trauma survivors, the stakes are far higher. Trust is everything—because, without trust, in many cases it is not possible to provide meaningful services. Trauma survivors have been through so much that opening up and providing critical information to their providers may not come easily. Trust, once broken, can be difficult or even impossible to repair.

Both providers and clients may lose trust in interpreters who engage in side conversations. Furthermore, clients often understand more than the speaker thinks and may understand what was omitted. If they do, these omissions can damage trust or the client's relationship with the provider or the interpreter. So be careful to respect transparency while interpreting.

Remember: When mediating with one party, *inform the other party what you are doing.*

Review of the basics

Here are the five steps for intervening:

1. **Interpret what was just said or signed.** This is usually the first thing that interpreters forget when they intervene. Repeat in the source language any term or phrase from the client or the provider that you do not know how to interpret if you plan to request clarification of that term immediately or if it does not need clarification.
2. **Identify yourself as the interpreter,** when you interrupt the session. This step is also easy to forget.
3. **Intervene briefly.** Keep your interventions brief. Long ones lead to side conversations. Keep your interventions short, simple and to the point.
4. **Report your intervention to the other party.** Remember to interpret what you say for both or all parties. Forgetting to be transparent with *both* parties is a widespread problem among community interpreters. Often they get distracted when they intervene and speak to one party only.
5. **Continue interpreting.** If someone speaks to you after your intervention, *avoid answering.* Instead, interpret what is said, even if the person is speaking to you. Otherwise, you may get locked into a side conversation. If there's a misunderstanding, you can always intervene again.

Be prepared to withdraw from the session if you need to. Here are three criteria that suggest you should withdraw:

- You hear multiple terms that you don't understand or can't interpret.
- You face complex cultural barriers that you do not know how to handle.
- The situation becomes too intense or distressing for you.

However, this decision can be tricky. Perhaps you are a volunteer. Perhaps no other volunteer interpreter is available who speaks your language, and the provider cannot afford to pick up the phone and ask for a telephone interpreter. (It may even be that no available telephone interpreters speak your language.)

In some cases, you are the best interpreter that can be found. If so, alert the provider to any problems you have interpreting so that the provider can decide how to handle the situation. Perhaps the provider will move the session along more slowly, for example, and allow lots of interruptions to let you interpret.

Therefore, you might choose to stay even if you find it hard to interpret. Use your best judgment. If you do need to withdraw, remember your steps for saying "no" from Module 4:

- Be gracious.
- Offer 2-3 alternatives (e.g., another interpreter or local resource).
- Give reasons.

Special Guidance on Mediation

In general, you *may* mediate with providers outside the session, if your local code of ethics allows it. But avoid mediating with clients in general outside the session (if possible) *and do not speak alone outside the session with clients of legal services or therapy.*

It is often easier to avoid mediating outside the session with a client when you are working with specialized providers, such as torture treatment therapists. However, you might have to mediate with clients when accompanying them to other services such as medical services, including dentists, chiropractors and optometrists, especially if you have concerns about the behavior of that provider or you fear that the service may retraumatize the client.

In countries where mediating with the client outside the session is not allowed, such as in Canada, the best thing an interpreter can do is to ensure the client knows they can ask questions and voice any concerns that the interpreter will then convey to the other party in their language.

One interpreter makes sure that all his clients outside the torture treatment center know that they have the right to control the situation, stop it and get out of it as needed. Here is his observation:

> *At [the torture treatment center] it's very safe. They know [the client triggers]. Outside, it's not safe. It's the usual time slot; you don't really take the time to make the person feel comfortable. So I make sure [clients] know they can still interrupt no matter what's going on.*

Activity 5.2 (a): Flash-freeze demonstration

Instructions for classroom

1. In a group of three, following the instructions of your trainer, take the roles of the interpreter, the client and the provider.
2. "Freeze" the action after each statement and discuss the completed mediation step.
3. You or the demonstration role players will interpret from English into English so that everyone understands and you can focus only on the steps for mediation.

Instructions for self-study

1. Read the Flash-freeze demo script and identify the specific statements and actions for each mediation step.
2. Think of what you would do in such a situation. Would you intervene? Why or why not? Would you follow the same steps? Is there anything you would do differently? What and why?
3. Consider discussing your answers with other interpreters studying this manual.

Script: Flash-freeze demonstration

Provider: What happened next?

Client: My brother Karim was shot, and I saw him run away.

Interpreter: (*Interprets the statement, then speaks to the provider.*) Excuse me, as the interpreter I need to ask the client what he means by brother, because it could mean blood brother, another relative or a friend. (*to the client*) Excuse me, as the interpreter could I ask you to clarify whether brother means your blood brother or another relative or a friend?

Client: I mean my brother in Islam, my friend since I was a little boy.

Interpreter: (*Goes back to an unobtrusive position and interprets the client's statement.*)

Now let's help you plan what to say when you intervene. After you read each situation in Activity 5.2 (b) think carefully before writing down in *both* your languages what you would say when you intervene. Try to keep your intervention scripts short.

Activity 5.2 (b): What would you say?

Instructions for classroom and self-study

1. Read each situation.
2. Write down on the lines provided what you might say in English when you intervene.
3. Then write that mediation script in your other language (except for question 4).

1. Client: (*to doctor*) *My head was hanging back. They would squeeze my chest. They did the "banana bend" several times every day and night.*

   If you are the interpreter interpreting for a *doctor* who is *not* specialized in serving torture survivors and who does not ask what "banana bend" means, what would you say if you have to intervene?

   English: _____

   _____

   _____

   _____

   Other language: _____

   _____

   _____

   _____

2. Provider: (*to client*) *I can see you're having a lot of flashbacks.*

   You understand "flashbacks" but have no idea how to express this term in the target language. If you interpret it literally, it will have no meaning. What will you say?

   English: _____

   _____

   _____

   _____

   Other language: _____

   _____

   _____

   _____

3. Client: (*to interpreter*) *You know what I mean. Just tell Dr. Miller what "cousin" means in our language.*

   Note: This is the third time during the same session that the client has asked you, the interpreter, to explain something to the provider. What will you say to clarify you are not permitted to "explain" (to clarify your role as an interpreter)?

   English: _____

   _____

   _____

   Other language: _____

   _____

   _____

4. Now imagine you are greeted by a lawyer *after* the session, and the lawyer asks you: *Do you think my client has a mental disability?* What will you say?

   Answer: _____

   _____

   _____

Make Sure You Intervene as Needed to Interpret Everything

Sometimes interpreters don't intervene when they should. Or they get involved in side conversations. As one psychiatrist in the field reports:

> *I speak Polish, which has some similarities to Bosnian. There are instances [with Bosnian interpreters] where parts of the sentences are interpreted but not the whole sentences. They're just incomplete interpretations, and whether or not that's an issue of not paying attention, not remembering, not being focused or intentionally per se, those things do happen.*

Make sure you manage the flow. Intervene as needed (or take good notes) to capture what you need to interpret accurately.

Section 5.3: Intervening nonintrusively

Objective 5.3

After completing this objective, you will be able to:

Practice skills for effectively addressing communication barriers when interpreting for trauma survivors.

Challenges in intervention

Intervene only if necessary!

Not interrupting a session when you wish to solve a problem may sometimes be difficult for you. You may want to help the clients feel better (for example, if they are crying). You may wish to give cultural information (which is discussed in Module 6) or tell a client who falls silent to speak up because "the provider wants to help you!" You may wish to educate the client or provider about what you think is really going on.

Resist that urge. If the client is not responding, a specialized provider knows what to do. However, if there is a *linguistic* barrier to communication, then you are responsible for addressing it. Even then, however, your goal is not to provide *information* but to *identify* the problem.

Practice and prepare!

Try to have several basic scripts in your head when you interpret. Your basic scripts should make sense for the kinds of interpreting you do for survivors. Here are a few examples. (But remember, each example below of an intervention would immediately be interpreted or reported to the other person.)

Excuse me, as the interpreter...

- To client: *Could I please ask you to speak up?*
- To provider: *I'm concerned that what I'm interpreting isn't clear. If you explain, perhaps I can interpret more clearly.*
- To client or provider: *I'm not aware of a conceptual (or cultural) equivalent for "PTSD"* (or "advance parole" or any local or cultural term used by client). *If you explain, I can interpret your explanation.*
- To legal services provider: *I sense a break in communication about the purpose of this legal form. If you explain it, I can interpret your explanation.*
- To provider: *I'm afraid what I interpreted wasn't clear. You may wish to check for understanding.*
- To client: *Could I ask you please to speak to the provider, not to me?*

You are the only one who can develop intervention scripts that make sense for your language, your culture, your clients and the type of services that you interpret for most often.

But plan ahead. If you do not have a plan about what to say when you intervene, you may forget to interpret the last thing said or say something that is too long, accidentally offensive or unclear. To practice addressing communication barriers through intervention or interrupting for clarification, let's try a few role plays. In each role play, focus on practicing the steps and keeping any interventions short and simple.

Activity 5.3 (a): Simple role plays for addressing communication barriers

Instructions for classroom

1. Divide into groups of three, who speak the same language, where possible.
2. Designate the provider, client and interpreter.
3. Invent a situation where the provider asks, "What brought you here today?" The person who plays the client should sound upset and speak too quickly, so that the interpreter is forced to intervene to ask the client to speak more slowly and pause more often.
4. Then switch roles until everyone has played the interpreter.
5. Now proceed to the two scripts below. Let everyone take a turn playing the interpreter. *The interpreter may simply read the script out loud* to see how this type of mediation feels to perform.

When you are playing the interpreter and intervening, remember to:

- Lean or step forward.
- Make eye contact with both parties (assuming you have avoided eye contact while interpreting).
- Say something clear and simple, e.g., "Excuse me, as the interpreter, I need to ask the client to speak more slowly and pause to allow me time to interpret." Then state in the other language: "Excuse me, as the interpreter could I ask you to speak more slowly and pause when I give this sign to allow me time to interpret? Thank you."

Instructions for self-study

1. Read out loud the scripts below.
2. If you were interpreting in these situations and felt you had to intervene to address a possible communication barrier, would you use the same words? Would you say something different?
3. Repeat practicing the scripts modified to what you would say in both your languages in that situation.

Script 1: Is everything clear?

Social worker: So is everything clear? You know what to do? (*Interpreter interprets.*)

Client: Yes, sir/ma'am. (*Interpreter interprets but feels certain that the client did* ***not*** *understand.*)

Interpreter: (*to the provider*) Excuse me, as the interpreter I'm concerned that what I interpreted about the paperwork wasn't clear. If you explain it again, maybe I can interpret it more clearly.

Interpreter: (*to the client, in the other language*) Excuse me, as the interpreter I told the provider I was afraid what I interpreted about the paperwork wasn't clear and if they explain it, maybe I can interpret it more clearly.

Client: Thanks, that would help me a lot. (*Interpreter interprets.*)

Script 2: What does that word mean?

Lawyer: So Imanye was your wife? (*Interpreter interprets.*)

Client: Yes, she was.

Interpreter: (*to the lawyer*) Excuse me, the interpreter would like to mention that the word *wife* in the client's language could mean either a legal or common-law spouse.

Interpreter: (*to the client*) Excuse me, the interpreter just mentioned to the lawyer that the word *wife* in the client's language could mean either a legal or a common-law spouse.

Interpreter, lawyer and client

Lawyer: (*to interpreter*) Oh, thanks. (*to client*) So was Imanye your legal spouse, or were you simply living together? (*Interpreter interprets.*)

Activity 5.3 (b): Open-ended role plays

Instructions for classroom

1. Divide into groups of three.
2. The interpreter will close this book and not look at the script.
3. Perform the roles of the provider and the client until the script ends.
4. Then improvise the rest based on how the interpreter responds.
5. The interpreter may or may not intervene. It will be the interpreter's choice.
6. If time permits, let everyone play the interpreter for this role play before moving on. If time is too short, move immediately to the next role play.
7. For the second role play, the client should sometimes speak incoherently or softly so that the interpreter cannot possibly understand everything the client says, and sometimes the client should speak too fast—and always with emotion (especially at the end).
8. ***To the person playing the client: Pause where you see these marks: //***

Instructions for self-study

If you are studying this manual on your own, you have two options:

Option A

Work with a couple of friends or adult family members and ask them to play out the client and provider roles using the instructions for classroom practice above. Pretend you are the interpreter. Reflect on what you decided to do as the interpreter and why. Write your answer in your journal or explain to your friends or adult family members helping you out why you acted the way you did. If they are not interpreters, this will force you to explain it in a way that they understand without having the context of your code of ethics, which is useful practice for when you might have to similarly explain your actions to a client.

Option B

Read the role plays and try to think how you would act in that context. Consider discussing your answers with other interpreters studying this manual.

Role play 1: An emotional appeal to the interpreter

Therapist: Last week, we talked about some of the issues you've been facing since you arrived here in the United States. You also helped me understand why you felt you had to leave your country and come here.

Client: Yes, all those threats, and especially what happened to my husband.

Therapist: You told me that your husband was killed because of his political activities. Now, I realize this is very difficult and painful to talk about, but can you tell me what happened to him?

Client: We were at home one evening. Our children were there, doing their schoolwork. There... there was banging on the door, and shouting—"Open up! Now!" My husband went to the door. A group of military police were there with their guns out. One of them said, "Is your name _____?" "Yes," he said. And the man told him, "Then it's time to say goodbye to your family." (*Client begins to cry.*)

They took him away in a black car...I never saw him again...(*Client is sobbing now.*) My children, they ask me, "Where is Daddy? Where has Daddy gone?" They ask me...Oh, God. Help me, help me. (*Client turns to the interpreter and, bowing their head, clutches the interpreter's wrists as if silently pleading for support.*)

Role play 2: Mumbled, rapid and emotional speech

Therapist: Could you please tell me what happened that day, the day you were first arrested?

Client: I was there at the demonstration as the official student representative of the UDFS, which was affiliated with the PDRC, although we had our own elected leaders, our own local cadre of volunteers, and a different constituency within the community. // As the representative, I walked alongside the chairman of the PDRC for that prefecture, and also the secretary of the province-level directorate for the joint committee of all the opposition parties. I was right there in front, where we were carrying the banner.

Therapist: What happened next?

Client: We were all marching peacefully, just as planned. But once we reached the main square, the police trucks arrived, and they blocked off all the main streets so that we were in the middle. // We knew then that it was going to be bad, and it was—they used tear gas, and also the water hoses, and after that, they arrested as many of us as they could. They pushed us into the back of a big truck. // A lot of us were having trouble breathing because of the gas, and also we couldn't see right, and many of us stumbled or fell as we got in, so the police were hitting us with their nightsticks, and some of them used their rifle butts. // The people who were hit, some of them were bleeding, and very badly too. The chairman of the PDRC was hit in the side of his head, and he fell on me, right here, right on my leg where I had been cut during the last police action.

Therapist: (*Nodding attentively, taking notes.*) I see.

Client: (*Continues, speaking very, very rapidly, with intense emotion and without any pauses.*) In the truck, people were moaning, others were coughing, everyone was so scared. Then they took us to the jail right away, and put all of us in a little cell. It was a terrible place, so dark and cramped with all of us squeezed in, and no air...you could not see anything, you could only smell the awful smells of urine, vomit and blood. There was a little grill opening way up high, but it only seemed to be connected to another cell, because we could hear other people coughing and groaning as well. The whole place could not have been more than 10 meters by 12, and there we were, 30 people or more crammed in there, it was the most terrible time of my life. And then one morning the guards came and they dragged one of us to the wall—oh, my God, oh, my God. (*Starts to cry out.*) Those bastards, those fucking bastards!

Module 5 Review

Key points to remember

1. Intervention, interrupting for clarification and mediation all refer to acts or utterances by the interpreter that are intended to remove barriers to communication.
2. Remember and practice the five steps for intervention: Identify what was just said or signed. Identify yourself as the interpreter. Intervene briefly. Report your intervention to the other party. Continue interpreting.
3. Intervene only if you think the consequences of nonintervening might be serious and cause problems.
4. Develop your own mental "scripts" for common situations where you might have to intervene (e.g., you can see the client does not understand the provider, but the provider doesn't notice). Consider jotting them down on index cards until you memorize them.
5. Remember that your job is not to provide the service but to *facilitate communication*.

Review questions Module 5

Congratulations on completing Module 5 of this training manual.

1. What is the meaning of intervention, mediation and interrupting for clarification?

a) When the interpreter interrupts to explain what is going on with the client.

b) Any act or utterance of an interpreter that interrupts a session or takes place outside the session with the purpose of addressing a barrier to clear communication.

c) Making sure that the provider understands everything by explaining how the client is looking at the situation.

2. What are the steps for mediation? Organize the following in the correct order from 1 to 5.

Report your intervention to the other party. _____

Interpret what was just said or signed. _____

Continue interpreting. _____

Intervene briefly. _____

Identify yourself as the interpreter. _____

3. The term *transparency* refers to:

a) Making sure that the interpreter remains invisible.

b) The importance of interpreting everything said during the session, including anything you say when you intervene.

c) Interpreting everything said by the client.

True or false

Note: *In some cases, the real-life context could make a "true" answer "false" or the reverse.*

4. Intervene as little as possible. T or F

5. If someone speaks to the interpreter after the intervention, they should respond. T or F

6. When intervening, first interpret what was said before you intervene. T or F

7. Jump into the mediation whenever you hear a term you do not understand. T or F

8. It is acceptable to engage in a side conversation if the intervention involves an important term. T or F

9. If there is no equivalent term in your language, you can interpret something similar if the essential meaning is kept. T or F

Conclusion

Effectively addressing communication barriers is one of the most difficult skills that any interpreter will tackle. It is important to have a clear sense of what you need to do when you encounter a communication barrier while interpreting.

One of the characteristics of clients who are survivors of torture is that they may take their time, use obscure language or refer obliquely to experiences that are difficult for them to relay over and over. As interpreters, we will need to try to feel comfortable with silence and not jump in too early trying to address a communication barrier. Instead, monitor the situation: The problem may fix itself.

Ideally, we need to give clients all the time they need to find the words they are looking for. Above all, we need to trust the provider to lead the session and clarify as needed. We also need to take into consideration that sometimes there are multiple sessions involved in the treatment of the client. Keep in mind that the provider might be using a treatment methodology that is not clear for the interpreter, who was perhaps not present at the initial stages of the treatment.

However, sometimes the interpreter may have to intervene if the situation could lead to a grave misunderstanding that the provider does not notice.

As interpreters, we need to keep in mind that jumping in to help out the client may take away the client's right to self-determination and self-expression. Jumping in when it is not the right time to do so can also undermine the goals of the session. In addition, a poor intervention could have a terrible impact. Sometimes the consequences can be irreversible, or at least extremely serious—for example, intervening to tell the client what to do ("Don't cry so much, the provider's trying to help you!") could break the provider's trust in you or injure the client's relationship with the provider.

Mediation is a complex skill. As a trained interpreter, you strive to render the message and its spirit with the highest level of professionalism. You may want to help out the client. But the best way you can help the client is to become the faithful voice of both the client and the provider to support communicative autonomy, never interrupting the session unless there is a serious reason to do so. Give everyone their own voice.

You are valuable. Here is what a leading torture treatment provider says about you:

> *It's so true, that helping the client by giving them the voice of language is really a gift. I would just want interpreters to know that we as providers couldn't do our work without them.*

Use your gift wisely: It is a precious resource.

Module 6:
Cultural Dilemmas[17]

[17] The term “ethical dilemmas” is preferred in Canada, emphasizing the fact that such situations may pose a challenge in adhering to the interpreter's code of ethics. Other terms may be preferred in other jurisdictions. Interpreters are encouraged to replace the term as necessary with the corresponding term commonly used in their jurisdiction.

Introduction

Culture is a unique and complex dimension of social groups that constantly changes. Assessing the impact of the client's culture on the provision of services is often crucially important for success when serving survivors. That is true whether you interpret for therapy, healthcare, legal services or social services.

Culture

Culture is a framework in which we communicate.

—Stephen Roberts

Various cultures have different core beliefs and traits that may reveal themselves in distinct attitudes, reactions or expectations. These cultural differences could lead to a cultural misunderstanding, which can in turn pose a barrier in communication.

During an interpreted session, one way for an interpreter to address a communication barrier resulting from a cultural misunderstanding is by intervening to request a clarification, which is the topic of this module. But this activity is so risky that in this module you will learn how to decide whether you should perform it at all. You will also learn how to intervene safely and effectively, without overstepping the boundaries of your role as a professional interpreter.

Learning Objectives

After completing this module, you will be able to:

Module 6: Cultural Dilemmas

- **Objective 6.1:** Identify, analyze and discuss common cultural concerns that can lead to a breakdown in communication.
- **Objective 6.2:** Assess and apply criteria for addressing communication barriers caused by cultural misunderstandings.
- **Objective 6.3:** Practice effective techniques for addressing communication barriers without offering or discussing cultural information.

What we hope to accomplish in Module 6

After completing Module 6, you should be able to:

- Identify cultural misunderstandings that can arise in services to survivors.
- Clearly define your role when faced with a cultural misunderstanding.
- Know when to act—or not to act—on a cultural misunderstanding.
- Use trauma-informed and effective strategies to address the communication barriers resulting from the cultural misunderstanding.

You will need to keep in mind that the ultimate goal of this module is to show you how to guide the client or provider *to give each other the relevant cultural information* instead of relying on you, the interpreter, to do so. It is not the interpreter's role to explain cultural issues. The interpreter is also not a cultural expert. The only cultural expert on the client is the client. The basic concept offered in Module 6 is that the interpreter intervenes to alert the parties about a possible cultural misunderstanding and, if permitted and needed, potentially *identify* a possible cause of the misunderstanding rather than explaining it or providing detailed information about it.

While acting in this nonintrusive way is always important for community interpreting in general, it is even more important when you interpret for trauma survivors. They have often lost their voice, not only because they do not speak the language of service but also because losing your voice and sense of agency is one of the most common impacts of deep trauma. The purpose of mental health services to survivors in particular, and also legal and social services, is ultimately to empower survivors to regain control of their own lives. If you strip clients of their voices by speaking up on their behalf—even with the best intentions—you may without realizing it be adding to the impact of the trauma.

There are other challenges that relate to culture. For example, even if a provider or a client approaches you outside a session seeking your cultural advice, it may be risky (and in a legal context also dangerous) to discuss your opinions on cultural issues. Avoid doing so.

Instead, learn how to address communication barriers caused by cultural misunderstandings effectively. The strategies offered in Module 6 will prevent you from taking over the voice of the client or the role of the provider. In addition, in legal services, the techniques offered in Module 6 will help to protect you from legal liability and may also help to prevent legally risky outcomes for the case.

Section 6.1: Cultural misunderstandings

Objective 6.1

After completing this objective, you will be able to:

Identify, analyze and discuss common cultural concerns that can lead to a breakdown in communication.

This section addresses two broad subjects:

- What is culture?
- How can cultural differences lead to a misunderstanding between people?

At the end of this objective, participants will be able to:

- Share one definition of culture.
- Explain why cultural differences may sometimes lead to misunderstandings.
- Discuss the interpreter's role when it *appears* that a cultural difference may be leading to a critical misunderstanding.

Story: Eritrean and Arabic

Narrator: We are in the office of a family licensed professional counselor (LPC) working with a family from Eritrea, a state in the Horn of Africa between Sudan and Ethiopia. The mother has two school-age children. When the mother was first kidnapped by rebels and separated from her children, she was sodomized and burned. Then her captors shot a bullet into her brain and left her for dead. The bullet wound became infected, and worms started growing in it.

Eventually the Red Cross found her alive and transported her to a refugee camp in Germany. Later Amnesty International brought her to the United States. She was growing suicidal until she was reunited with her two children, who had been living with a surrogate family after leaving their refugee camp in Somalia.

Now both the children are scared and fearful. At school, whenever someone opens the door of any office, they run against the wall, a reaction that suggests they were severely abused either in Eritrea or the refugee camp in Somalia. After that they were taken in by a surrogate family who everyone reported was a family of "very nice, good people."

Refugees from Somalia

There is something a bit strange about the mother, who speaks Tigrinya. She told the counselor that her children speak Arabic, the language of the children's refugee camp. But the Arabic interpreter says the children actually speak Tigrinya with a little Arabic mixed in. So today the counselor, a therapist who has been seeing the mother regularly for many weeks, would like to know why the mother says her children speak Arabic.

LPC: Good morning, how are you?

Client: (*pause*) All right, thank you.

LPC: That's quite a storm out there, isn't it! You know, I got soaked to the skin coming in today because I didn't even think to bring an umbrella.[18]

Client: (*pause*) Yes. I am fortunate that I have such a good raincoat.

LPC: Mrs. Gebreselassie, today I'd love to hear more about your children. The school counselor says your son is doing very well in math. He sounds very bright. And your daughter has been picking up Spanish in the ESOL[19] class. That must be exciting.

Client: Yes, thanks to God.

LPC: Unfortunately, there's also a report that your son has been taking things like pencils and books and saying they belong to him. And your daughter is so attached to him she still won't go anywhere without him. As you know, they had to put both your children in the same grade and class at school. Even in the cafeteria she won't be separated from him.

Client: (*after a pause*) You know what happened. When I got taken by the rebels, my children lost their father and older brother.

LPC: Yes, that must have been very difficult.

Client: When we were separated, my daughter was only two. My son and daughter were together in the refugee camp for all that time.

LPC: So they grew very close to each other in the refugee camp?

Client: Yes, yes.

LPC: And do you know if they were well treated in the camp?

Client: (*looks away*) In the camp, yeeees...But...Well, let me say this. After I became a prisoner, well—you—you know what they did to me. I told you all that.

LPC: (*softly*) Yes. I'm so glad you were able to share that with me.

Client: (*meets the LPC's eyes and says firmly*) But some things, they cannot be said.

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18 Note that the counselor is intentionally "self-disclosing" to the client. In other words, the counselor is sharing casual (not personal) information about herself to make the client feel more at ease.

19 English for speakers of other languages.

LPC: Some things—

Client: (*suddenly sitting up straight*) Now, please tell me. Why do you bring my children a Tigrinya interpreter? They speak Arabic.

LPC: But—the other interpreter told me they speak Tigrinya, like you. With a little Arabic.

Client: No, no. They speak Arabic.

LPC: Mrs. Gebreselassie, I'm not sure I understand. The first interpreter, the Arabic interpreter knows a lot of the African Arabic dialects, and they told us your children don't speak Arabic. And the Tigrinya interpreter says they speak Tigrinya, like you.

Client: (*raises voice*) Why are you saying these things? What right do you have?

LPC: I was just wondering if the surrogate family that took your children from the refugee camp spoke Arabic or Tigrinya? I think you mentioned the uncle living with the family was an Eritrean priest.

Client: How dare you speak about him in that way!

LPC: Did I say something to upset you?

Client: What is wrong with you?! My children speak Arabic, Arabic. Not Tigrinya! (*starts to cry*)

Interpreter: (*stands up and turns to the class*) I see a problem here. First, this mother is denying her children's Eritrean culture and their language. That's very strange. Also, the priest. Now, a priest commands very great respect in our culture of Eritrea. The way she is speaking about this priest sounds very odd. Also, when she speaks about her children today, the mother is using some phrases that culturally suggest deep shame. I just can't convey all this in English. I don't know what to do. What do *you* think I should do? Should I say something to the counselor? Or should I just interpret?

What is culture?

When you ask interpreters to define culture, you often get a list of the ways in which people of different cultures are most observably unique: for example, their food, dress, art, holidays and traditions.

Some interpreters will also list more intangible aspects of culture such as beliefs, attitudes and values. There is often a sense among interpreters that these things are at the same time permanent and also changing as they are passed on from generation to generation, and that they are shared by a group but not necessarily by everyone in the group.

The aspect of culture that is most critical to our purposes, however, is that culture shapes how we understand what we experience in the world and how we choose to respond. For example, let's say that your next-door neighbor's 22-year-old daughter graduates from college and takes a job in a city on the other side of the country. If you come from a culture that values individual independence, you might interpret this as a positive and natural move toward adulthood; you might even congratulate your neighbor on raising such an independent and successful young woman.

On the other hand, if you come from a culture that puts a high value on family proximity, your principal reaction might be sadness for your neighbor because her daughter is moving so far away, and you might express condolences. How you interpret the fact that your neighbor's daughter is moving and how you choose to react is heavily influenced by your cultural background.

Hundreds of definitions of culture exist, and no one definition is universal. For the purposes of this training, we will adopt the following definition of culture:

> *A culture is a way of life for a group of people, including their behaviors and beliefs, traditions and values, symbols and artifacts, passed along from one generation to the next.*

How cultural differences lead to misunderstandings

When people interpret and react to an occurrence differently because of different cultural backgrounds, and when these differences are not addressed, it can lead to misunderstandings, judgment, frustration, offense, estrangement, generalizations and even open hostility. Imagine that the neighbors in the previous paragraph are from different cultures. The neighbor to the mother of the daughter who is moving might say something like, "Oh, dear, I'm so sorry you're losing her! How sad you must be! What a terrible thing!" This comment could lead to any of the following reactions:

- *Why would she say a thing like that?* (misunderstanding)
- *What a rude thing to say.* (judgment)
- *I thought we were friends!* (frustration)
- *How* dare *she say such a thing!* (offense)
- *She's not like us. We should keep our distance from her.* (estrangement)
- *Well, what can you expect from* her *kind of people? They just don't care about their kids the way we do.* (generalization and judgment)
- *That kind of thinking is what is ruining our community. We need to stop it right now.* (hostility).

As interpreters, we constantly work with people who speak different languages, and so we constantly address people from different cultures. Even people who speak the same language and come from the same country (and even the same city) have been formed by different cultures. Different professions, families, religions, socioeconomic levels and other social groupings all have distinct cultures even within one city. However, when two individuals speak different languages, we can be fairly sure that they were raised in different cultures.

Because interpreters speak at least two languages, we are often more aware of the differences between the cultures of the people for whom we interpret than the providers and the clients may be. And occasionally, as we interpret, we may perceive that there is a fundamental misunderstanding going on that has nothing to do with language but that is based on how the individuals are understanding and reacting to a particular situation, based on their cultural backgrounds.

Sometimes these misunderstandings are not critical to the purpose of the interaction, but sometimes they are and they can lead to a breakdown in communication.

Example 1

Let's say that the client comes from a culture in which people greet each other by bowing. In the culture of the client's lawyer (the professional culture in many Western countries), the two would normally greet by shaking hands. In the client's doctor's culture (Western biomedical culture) many physicians, as a means of minimizing the potential spread of infection, often don't shake hands; instead they smile and nod a greeting to their patients. So immediately upon meeting each other, the client/patient and these professionals may hit a bump. Is it a critical bump? Will it lead to significant misunderstanding? Probably not. The client is already aware that in his new country, people do not usually greet each other by bowing.

Example 2

Let's say that the client comes from a war-torn country where social institutions have broken down to a degree that certain levels of violence that most Americans might find extreme is considered somewhat typical—whereas thinking deeply about one's personal feelings is not typical at all. During a psychotherapy session, the therapist asks a teenage boy from rural Africa about how angry he has been feeling lately. He denies he has felt anger, even though his school has reported that he has serious anger management problems. "What about feeling irritated or upset—have you feelings like that?" the therapist asks the boy. "I don't know," he answers, "but I don't think so." "You haven't felt upset this week?" persists the counselor, who knows he has been in two fights at school that week. "No," he says. "What about fights at school?" the therapist asks. "Oh yes," he replies promptly. "I had one today!"

Here is a more serious cultural bump. Is it critical?

Maybe. If the therapist gets the information they need to help the client, maybe the cultural misunderstanding will not be serious. But if the teenage boy gets offended at being asked about his feelings or his understanding of violent acts and shuts down, then yes, these cultural differences might be critical.

Do You Agree with This Interpreter's Approach?

In interpreter training, we typically address cultural mediation with the provider. What about cultural mediation (outside the session) with the client?

Here is one interpreter who does a little cultural mediation with clients: *I explain what their rights are in the American system and how they're the ones in control of the treatment. [I also make it clear that] we have a professional relationship. I say, "This is how things are run here," for their benefit.*

Do you think it is a good idea for interpreters to "educate" clients in this way? Why or why not?

Note: Your answer to this question should also consider the local interpreter's code of ethics you are expected to adhere to.

Now the question arises—just what should the interpreter do about cultural misunderstandings? Should you just continue interpreting? Or should you intervene and address the resulting communication barrier? How do you decide?

In order to make that decision, let's come up with some examples of cultural misunderstandings you may already have encountered when you interpret.

Activity 6.1 (a): Cultural values clarification

Instructions for classroom

1. Be prepared to move wherever your trainer tells you.
2. Listen to each statement your trainer reads out loud.
3. Choose a side of the room ("agree" or "disagree") that most closely reflects your belief and move to that side.
4. Be prepared to share the reason why you agree or disagree with your peers.

Instructions for self-study

1. Read the statements below.
2. On a sheet of paper draw two columns, labeled "Agree" and "Disagree."
3. List the statements you agree with in the "Agree" column and the ones you disagree with in the "Disagree" column.
4. When you are done, go over each statement and try to think of a friend, family member or acquaintance who might disagree with you in relation to that statement. What do you notice? Can you think of other people who might disagree with you? Why might they disagree? Would you say those people belong to the same culture as you or a different culture?

Statements

1. Each person should make their own choices about life: for example, whether to go to college or university, travel, get married, choose a career, etc.
2. Older people should make room for younger people. They are most useful when they stay at home and help with the grandchildren.
3. Younger people should respect older people, even if it is only because older people have lived more years.
4. Men and women can freely talk about anything, including sexual topics, as long as they are married (not to each other, but married). Single people should only talk to their relatives of the same sex about sexual topics.
5. People of any age should be able to freely talk about whatever they wish to anyone else, regardless of age, gender or status.
6. Men and women should never talk with each other about sex, unless they are married to each other.
7. It is better to keep quiet about any unpleasant things (such as sexual assault or intentional harm) that you may have lived through. Others should not know about these painful events.
8. Sex is not shameful. It's fine for adults to be open about sexual interests, needs, preferences.
9. Once married always married. Even if the couple no longer gets along, it is best for them to stay married and to live under one roof. They can always sleep in separate beds if needed.
10. Men can cook and prepare food just as well as women. It is normal and natural for a man to cook dinner and feed his family.
11. After a death in the family, it is best to get back to your usual routine as quickly as possible—within a few weeks, preferably.

Activity 6.1 (b): What is culturally important?

Instructions for classroom

1. Divide into pairs.
2. Discuss your cultural values. What does culture mean to you?
3. Now identify the aspects of culture that matter to you most (for example, traditions, beliefs, ways of raising children, veneration for elders, annual festivals).
4. Write down those aspects of culture that matter to you deeply (at least three).

_____

_____

_____

Instructions for self-study

1. Think about your cultural values. What does culture mean to you?
2. Identify those aspects of culture that matter most to you (for example, traditions, beliefs, ways of raising children, veneration of elders, annual festivals, etc.).
3. List those aspects in your journal.
4. What values might other people you know have (including other interpreters)? Ask them, if you can. In what ways are their values the same as yours? In what ways are their values different?

Activity 6.1 (c): Identify common cultural concerns

Instructions for classroom

1. Divide into pairs.
2. On the lines below, write three examples of cultural misunderstandings that can arise between clients of the culture(s) that you serve when you interpret.
3. Be specific.
4. Read the examples first, to guide you.

Instructions for self-study

1. Think of three examples of cultural misunderstandings that can arise between clients of the culture(s) that you serve when you interpret and their providers.
2. Read the examples below to guide you.

Examples

- When the client says “maybe” culturally I’m aware that really he means “no.” But the provider doesn’t understand this.
- The client doesn’t really understand but doesn’t say so because it seems culturally rude to question the provider.
- The client might say “her” when I know it means “him” because in that culture often they don’t make a clear distinction between “him” and “her” in conversation. But this could become a big legal problem!

1.

2.

3.

Section 6.2: Criteria for addressing communication barriers caused by cultural misunderstandings

Objective 6.2

After completing this objective, you will be able to:

Assess and apply criteria for addressing communication barriers caused by cultural misunderstandings.

When to intervene

How do we know when to intervene for a cultural misunderstanding?

Knowing when to intervene and when to continue interpreting without intervening is an art based on both study and experience. The more you know about the practice of the service providers for whom you interpret, and the more you know and learn about the many variations in cultural practices

among the clients and patients for whom you interpret, added to the experience you acquire in the field, the easier you will find it to judge when to step in and when to stay out.

For novice interpreters, a good guideline is this:

> *If you notice a culturally based misunderstanding, but you are **unsure** whether or not to intervene, wait.*

When to Intervene?

Outside appointments with specialists: That's when I've probably done the most intervening.

—Interpreter at a torture treatment center

After all, while you continue interpreting, the problem may work itself out. But if it does not, you can always intervene later. In addition, sessions with survivors of extreme trauma can be sensitive, and intervening is riskier. For example, if you want to request clarification for a vague term used by a client or patient that has a sexual connotation, your act might potentially retraumatize the survivor.

Instead of intervening during a session for a cultural issue, you can also, if needed, ask to speak with the professional after the session (or the agency you work for, if you are a freelancer) to share your concern.

In short, when interpreting for survivors of extreme trauma, work hard not to address cultural misunderstandings during the session *unless the situation threatens to derail the session due to the resulting communication barrier.*

Your role in addressing culture

The role of the community interpreter is to enable communicative autonomy (the capacity to be responsible for, and in control of, one's own communication) among those parties to an encounter who do not share a common language.

Explaining cultural issues lies outside the role, or scope, of the interpreter in most countries of the world and for most specializations of interpreting, as many codes of ethics across interpreting specializations make clear.

When faced with a cultural misunderstanding, your task is to:

1. Assess the situation.
2. Decide whether to intervene or not based on whether the misunderstanding severely impacts communication.
3. If you do intervene, try to alert the parties about the breakdown in communication due to a possible cultural misunderstanding.
4. If necessary, identify the possible cause or *basis* of the misunderstanding to let the participants clarify it with each other.

For example, a client says, "I went to see my mother for the harvest festival," and you know that she is suggesting she got pregnant at that time but is using a culturally common indirect phrasing to avoid the indelicacy of referring to a pregnancy. In that case, you can either:

- Interpret the phrase as is;
- Interpret and add something like, "in other words, I got pregnant" or
- Intervene to address the communication barrier.

Perhaps in the context of the encounter, the fact of the client's being pregnant then simply doesn't matter so you decide to interpret the phrase as is (though for trauma survivors, any such information could be relevant and we do *not* encourage you to omit it). If you are sure that the phrase "going to the harvest festival" always means "getting pregnant" perhaps it is correct to interpret the sentence adding, "in other words, I got pregnant."

The client is reluctant to disclose the pregnancy itself

But if you intervene, it is better to avoid speaking *about* the survivor, for example, by saying, "She used a culturally indirect way to say that she got pregnant." Instead, identify the basis of the misunderstanding, for example (when you are speaking to the provider), "Excuse me, the interpreter suggests you ask the client what the phrase 'I went to see my mother for the harvest festival' means." Then for transparency, when speaking to the client, you could say, "Excuse me, the interpreter suggested that the provider ask you what visiting your mother at the harvest festival means." Then, instead of explaining it yourself, you're letting the client and the provider sort things out. Also, if the client is reluctant to disclose the pregnancy itself directly (perhaps for reasons related to the trauma), you are not obligating her to do so.

An interpreter's purpose is to facilitate understanding between people who do not share a common language. When an unaddressed cultural difference leads to a misunderstanding between the people for whom we interpret, then pointing out this misunderstanding is part of facilitating understanding.

On the other hand, we don't want to be constantly intervening around cultural differences that are not critical to the purpose of the session. As discussed in Module 4, when we interpret for survivors we want to intervene as little as possible.

We also need to consider that, especially in areas of behavioral health and legal services, the service provider, especially a therapist or lawyer, may have a specific reason for doing something or behaving in a certain way that is not appropriate in the patient's culture (and may even seem offensive). But the service provider would not want to offend the client or patient culturally.

Finally, we need to remember that a belief, value or custom held by most people in a specific cultural group in general may *not* be held by the individual member of that group that you happen to interpret for. Cultural assumptions are always dangerous because they are so likely to be untrue. Culturally speaking, every client, provider and interpreter is a unique individual and therefore not culturally predictable.

Every time you feel yourself wanting to jump into the session to address a cultural issue—ask yourself *why* you want to do so and if it is really a good idea. Question your assumptions.

Will I intervene or not?

The following questions arise in all areas of community interpreting, but in services for survivors the questions are often delicate:

a) Does every cultural misunderstanding require the interpreter's intervention?

b) Do I act or not?

c) What are the criteria prompting me to act?

d) What are possible outcomes of inaction?

You may face a variety of different scenarios of cultural misunderstanding, for example:

- The provider does not understand the cultural perceptions of the client.
- The client does not understand certain aspects of the provider's culture or the culture of the system.
- The client resists the provider's cultural values.
- The client rejects the provider's expertise because of certain cultural taboos, etc.

You may recognize these scenarios as cultural misunderstandings.

Criteria for intervention

So how do you decide if you should intervene? When working with survivors of torture and major trauma, types of cultural concerns that arise often can fall into three broad categories:

- Cultural issues that you may typically ignore.
- Cultural issues to address *outside* the session.
- Cultural misunderstandings to consider addressing *during* the session.

Here are a few examples of each.

Cultural issues that you may typically ignore

If the following types of issues arise, you may *usually* ignore them:

- **Generic cultural differences.** For example, how people greet each other, use of various social titles, different cultural types of small talk, etc.
- **Client resistance.** Do not intervene if the client is resisting aspects of the service provider's questions, or seems uncomfortable about the provider's culture or the culture of the system. This type of issue is for the provider to address, not the interpreter. For example, if the provider asks questions that seem culturally offensive and the interpreter observes the client getting angry or anxious about them, the interpreter sometimes intervenes in (for example) U.S. medical interpreting to clarify that in the culture of the client certain types of questions may appear intrusive. (Note that interpreters typically only do so if their code of ethics allows this, for example, such behavior is acceptable in some countries or specializations but not acceptable in Canada). However, when interpreting for trauma survivors, and especially in mental health or legal interpreting, let the provider ask hurtful or even offensive questions because they may be doing so for excellent reasons. Simply do not intervene.
- **Emotional outbursts or conflicts.** Even if you believe the client is upset for cultural reasons, do not intervene unless you perceive a cultural "dead end," a specific issue that is derailing the session. Remember: Clients who speak the same language as the provider also get upset, and often for reasons of personal culture that conflicts with the provider's culture or with the culture of the system. *Every* encounter is a cross-cultural encounter. It is not your job to "fix" people's feelings or calm them down.
- **Cultural taboos.** If the client seems reluctant to disclose certain matters due to cultural taboos, in most cases you will leave such matters to the provider and the client. Often, these kinds of taboos transcend a particular culture, such as the common cultural unwillingness to disclose or discuss rape. These are not problems you should address. If a provider seems to be frustrated or "hitting a brick wall" due to a taboo that they don't perceive, and you feel a strong need to address it, do so outside the session, to the extent your local code of ethics allows it, and not with the client present.

- **You disagree with the provider or the client.** Sometimes you may feel a provider or a client is taking action that you find wrong due to lack of cultural understanding. However difficult you find that situation, you may not interfere with client autonomy or the provider's authority. (If the situation seems extreme, you may report it as a critical incident to the appropriate supervisor.)
- **A long silence.** Even if you believe that the silence is caused by some sort of cultural misunderstanding, do not intervene. Remain still. Let the provider and the client resolve it. This is most important of all in mental health settings.

Cultural issues to address *outside* the session

The following are examples of cases where the provider may need to know cultural information for future clients:

- **Kinship terms.** Such terms as "brother" or "cousin" may differ in meaning from their literal English equivalents. See Module 4 for other examples.
- **Generic terms with different meanings.** Some common words may differ dramatically from their literal equivalents in English, like "school," which may not refer to what is usually known as a school.
- **General terms with sexual, violent or other connotations.** Technically accurate interpreting cannot always reveal the meaning of terms in areas related to sexuality or violence, and a paraphrase could be risky or inappropriate. For example, euphemisms (such as "down there" for genitals or "make clean" for female genital mutilation) may or may not be clear. The provider may need to know more about such terms and their connotations. Usually this type of information can best be shared outside the session.
- **Client's unusual use of language.** You are the linguistic specialist. If a client is speaking in unusual ways, this information may be important for the provider to hear outside the session, particularly in mental health and legal settings. Do not provide opinions on the meaning of these differences; simply clarify the difference between typical usage and the client's linguistic patterns and answer the provider's questions without offering explanations. For example, "She was using terms that connoted deep shame in her culture, but I had no way to convey that in English during the session." Or, "Normally her manner of speech is direct. But when she came to the assault, she was using indirect syntax and ambiguous pronouns that I couldn't duplicate in English."

Please remember, however, that the extent to which you can bring up such topics with the provider outside the session will depend on the local requirements or standards of practice for interpreters where you work. Make sure you know your code of ethics. In general, if you work or volunteer directly for the service provider organization, you may have more freedom. If you work for an agency, you should clarify with the interpreting agency what the best course of action is. For example, some interpreter agencies strictly prohibit interpreters intervening to mention cultural issues even where their code of ethics and common practice permit doing so.

Cultural misunderstandings to consider addressing during the session

Examples of cultural misunderstandings that could potentially derail the session and that you may therefore want to address during the session include:

All settings

- **You yourself are culturally confused.** If *you* are the one who has the misunderstanding and can no longer interpret accurately without more context, you may need to clarify the cultural issue involved. For example, the client may use religious terminology unfamiliar to you or may refer to a cultural or historical event, a ritual, a festival or a tradition that you've never heard of and have no idea how to interpret. Usually you can simply request a clarification in these cases, which is typically a "safe" practice permitted to interpreters in virtually every country and specialization. After all, you cannot interpret what you do not understand.

Legal settings

- **Cultural confusion.** The lawyer or legal services provider has clearly misunderstood a key cultural issue that could cause confusion or complications for the record. Such issues might jeopardize an asylum application or another legal case. This type of confusion can't always be addressed effectively outside the session because the lawyer would need to ask the client about it directly while the interpreter is present to avoid wasted time or critical misunderstandings.

- **Culturally bound terms.** Such terms often cause confusion for the record, such as ambiguous kinship terms, geographic inconsistencies (known to the interpreter), casual cultural inaccuracies (e.g., measurements or periods of time not intended literally), terms related to holidays or religiously significant dates, certain religious practices, etc. It may be better to bring these types of issues up immediately rather than after the session. Again, the safest and most effective way to address such terms is to request clarification rather than offering your own explanations.

Mental health settings

- **Provider is missing key cultural information.** You are interpreting accurately but the provider doesn't understand and is perhaps unaware of the cultural misunderstanding. For example, the client has described the family marriage customs correctly, but due to vagueness in the wording, the provider hasn't understood that the client is referring to a man's right to sleep with his brother's wife.

- **A cultural misunderstanding is causing tension.** If the provider or the client is growing frustrated and upset over a cultural misunderstanding, sometimes they cannot resolve it alone. They have reached a dead end. They need your help.

Medical

- **Medically dangerous cultural misunderstandings.** If a cultural misunderstanding could lead to potentially dangerous medical outcomes, you may need to intervene right away. For example, the provider may not be aware that religious fasting practices will affect medication schedules or know that medications that contain pork byproducts may be refused by patients whose religious practices forbid pork—even though the patient may not say so.

- **Cultural deference to providers.** If the patient does not understand the culture of the healthcare system, the provider may not realize the patient will not ask questions. The interpreter—often aware of the problem—may have to intervene to ensure that the provider checks for understanding. For example, if the patient does not understand how to prepare for a key procedure such as fasting before a test, it could cost the system thousands of dollars to set up the test that won't be taken, and the client could lose income from work because the test would have to be taken again on another date.
- **Potential harm to client (e.g., risk of retriggering of trauma).** If the provider keeps asking questions about a client expressing sadness that her apartment situation is dirty, and the provider assumes the apartment itself is dirty when the interpreter knows "dirty" (in the linguistic and cultural context) refers to severe social or cultural discomfort (in the real-life case, due to the survivor being forced to prostitute herself to pay for the apartment), the interpreter may need to intervene.

Guidelines for addressing communication barriers caused by cultural misunderstandings

When faced with cultural misunderstanding, many interpreters attempt to resolve the misunderstanding right away without properly analyzing the situation. **The following guidelines will help you understand that not all cultural misunderstandings require intervention:**

1. Remember: Your main function is *to interpret*, not to analyze the behavior of the participants or see every misunderstanding as a trigger point for intervention.
2. As we have discussed often, try to *trust* specialized providers to handle cultural miscommunications in most cases. Therapists, social workers, immigration lawyers and doctors who work with torture survivors are typically skillful communicators who have experienced cultural miscommunications before and have their own strategies for resolving them. We also need to consider that, especially in areas of behavioral health and legal interviews or proceedings, the provider/therapist/lawyer may have a specific reason for consciously doing something that is not appropriate in the patient's culture.
3. Accept the fact that most therapies extend over multiple sessions. The therapist may intentionally leave certain cultural issues unresolved at the beginning. It might be part of the long-term treatment strategy.
4. You are not a cultural expert in general and unaware of the unique cultural experiences of the client in particular. Incorrect cultural information might cause irreversible damage to the session, lack of trust and sometimes failure of the therapy or an adverse legal outcome. It may also lead a provider to see all clients from that country through the lens of a stereotype you have inadvertently created by giving cultural information. Remember: If you see what you think is a culturally based misunderstanding, but you are unsure as to whether to intervene, *don't*. Wait and see what happens: Perhaps it will resolve itself. If not, you can always intervene later (or, if appropriate, with the provider after the session).

Becoming aware of these perspectives may help you to make the right decision: *to act or not to act*. What makes an interpreter confident that intervention is necessary and cultural misunderstanding needs to be resolved at this particular time? There is no clear formula that would identify certain situations/

factors that might always require the decision to act. Though the previous section urges you to tread carefully when deciding to intervene, we should be able to recognize as situations requiring action those where you find you have come to a "cultural dead end," that is, a cultural misunderstanding that prevents the participants from beneficial communication that seems critical for the ongoing session.

For example:

- You clearly see that the provider is frustrated (the frustration of the client might not always require intervention).
- Certain phrases or concepts are causing an unusual reaction that seems to be damaging for the session or the client-provider relationship.
- You are confident that certain cultural information should be revealed during the current session to avoid miscommunication

There is one situation though that would nearly always lead to intervention—when the provider or the client addresses you directly to acquire cultural clarification during the session.

The interpreter has to take action in this situation, even if only to refer the question back to the client or the provider.

Also, we need to be aware that the outcome of *inaction* may bring consequences as serious as the outcome of *action*. Though interpreters do not take the Hippocratic Oath (an oath of ethics usually taken by physicians), they may have a moral obligation to address the communication barrier by intervening or hold a debrief with the provider when they think that the provider's or the client's life or heath are in danger, or when the information is crucial for the ongoing session.

Remember: If you decide not to intervene during the session and are having second thoughts about it, there is always the option of a post-conference (a debrief) with the provider or contacting the interpreting agency you work with for guidance.

Activity 6.2: To act or not to act: That is the question!

Instructions for classroom

The goal of the next activity is to make a decision about whether or not to perform cultural mediation: to act or not to act.

1. Read all three scenarios below.
2. For each scenario indicate whether, if you were the interpreter, you would intervene to perform cultural mediation.
3. Then explain your decision.

Instructions for self-study

1. If you are studying this manual on your own, read all three scenarios.
2. For each scenario indicate whether, if you were the interpreter, you would intervene to perform cultural mediation.
3. Consider discussing your answers with other interpreters studying this manual, or question the provider.

Scenario 1: No problems

Purpose of the visit: A young man from Somalia may be psychotic.

Those present: therapist, client, client's mother, interpreter

Therapist: Hello, how are you today?

Client: I am doing great.

Mother: You know, I worry about him. He is up every night, walking and talking...

Therapist: (*to client*) Do you have any problems?

Client: I don't know what she is talking about! I do not have any problems.

Mother: Well, the other day he switched on all the faucets! We flooded the people downstairs!

Therapist: Why did you switch on the faucets?

Client: I was asleep. I don't know anything about it. Maybe she did it and now she blames it on me!

The client continues to deny all the symptoms throughout the session.

Cultural connotation: You are aware that it causes shame in the client's country or culture to admit that one might have a mental disturbance.

Would you intervene in this case? Why or why not?

_____

_____

_____

_____

Scenario 2: Medication

Purpose of the visit: Possible medication side effects affecting client's health.

Those present: doctor, client from Eastern Europe, interpreter

Doctor: I'm glad you came in today. You called and said the medication I prescribed makes you feel sick?

Patient: I feel terrible and dizzy all the time.

Doctor: That's a very unusual reaction to this medication. Are you sure you're taking the prescribed dosage?

Patient: (*aggravated*) Yes, I am sure! Your medication makes me sick. I really can't stand it.

Doctor: I didn't mean to upset you. I just want to make sure that you are following the instructions.

Patient: I'm exhausted. My life is miserable, and your medication isn't helping me at all.

Doctor: Do you take this medication after your meals?

Patient: What difference does it make? I tell you, I can't take it anymore. Can you prescribe something else? Or even maybe tell me about some healing techniques instead of medication?

Doctor: I'll be frank with you. I don't think that an alternative treatment method would be beneficial in your condition.

The client avoids any questions about meals or nutrition. The provider continues to probe and explore other options that might cause such severe reaction to this particular medication.

Cultural connotation: The interpreter is aware that the client belongs to a religious group that practices strict fasting that may be affecting the medication intake.

Would you intervene in this case? Why or why not?

_____

_____

_____

_____

Scenario 3: Interpreter gender

Purpose of the visit: Treatment of a male survivor who experienced sexual violence while in prison.

Those present: young man from Algeria, female LCSW,[20] interpreter

Duration: 15 sessions

First session

LCSW: Good morning, Mr. ___.

Client: (*addressing the interpreter*) I do not want to talk to her. Why can't I talk to a man?

LCSW: I'm very sorry, we have no male therapists on staff. Can I suggest something? Today we could try talking a little about how you're feeling and what brought you here. If you don't like any of my questions, feel free not to answer them and that will be fine. At the end of the session, you can decide if you'd like to continue here or you'd prefer that we refer you to another center that has a male therapist. Would you like to give this a chance today?

Client: (*mumbles something*)

[20] Licensed clinical social worker. LCSWs act as therapists in a variety of community settings.

LCSW: Is that a yes?

Client: (*mumbles but seems to agree*)

LCSW: Let's take that as a yes and start again—how do you feel?

Client: (*averts his eyes, struggling with an answer as if he is confessing...*) Sad.

LCSW: Why do you think you're feeling sad?

Client: (*challengingly*) I don't know.

LCSW: Do you want to talk about it?

Client: (*silence, the man seems very tense, legs crossed, fists clenched*)

LCSW: Are you sad often?

Client: I want to go home now.

The clinical social worker is aware that the man was tortured but does not know what kind of torture took place.

Cultural connotation: The interpreter knows about the type of violence committed against the young men who try to escape military insurgent groups.

Would you intervene in this case? Why or why not?

_____

_____

_____

_____

Seventh session

The client indicated that he would rather have a male provider, but nevertheless the female provider continues with the session and does not abandon her gentle inquiry. Compare the manner of communication in the seventh session.

LCSW: Good morning, Ahmed!

Client: (*smiling*) Good morning.

LCSW: Does your grandmother feel better?

Client: I appreciate you remembering about her. Thank you for asking, she's much better.

LCSW: You seem to be feeling better too, or am I mistaken?

Client: I'm not feeling sad often, and I sleep better.

LCSW: Good, good. Do you think medication is helping a little?

Client: I think so.

LCSW: Do you still have nightmares sometimes?

Client: (*perspiring, tense*) Something bad happened to me back home in Algeria and I see it at nights over and over again. (*He covers his head with his hands.*)

LCSW: (*softly*) I want you to know this will pass. It's very difficult, but over time it will go away. It's OK to—

Client: (*jumps up in anger, approaching the provider threateningly, yelling*) IT IS NOT OK. IT WILL NEVER BE OK. WHAT CAN YOU, A WOMAN, POSSIBLY KNOW ABOUT IT?!

LCSW: I didn't mean to upset you. Please sit down and let's talk about what's going on.

Dilemma: to act or not to act

Cultural connotation: "It's OK" is a phrase of consolation and solace, but the client, who does not know English well, assumed that the provider meant that it was OK what had happened to him. The interpreter understands this as she has seen this type of cultural misunderstanding about what "OK" means among other clients.

Thirteenth session

LCSW: I am glad to see you today, Ahmed.

Client: I am glad to see you too, Ms. Sandra.

LCSW: Congratulations on your new job. I'm very happy for you.

Client: Thank you (*in English*). I slowly learn to speak English better.

LCSW: (*smiling*) It's great!

Client: (*smiling*) It's OK. (*He shows the provider that now he understands the meaning of the phrase.*)

LCSW: I see you are making progress.

Client: Yes...(*thinking and then blurting out*) I was treated like a girl. (*eyes cast down*)

LCSW: What are you going to do today? (*The provider is using a distraction technique to ease the pressure of the shared information.*)

Client: (*confused. You, the interpreter, can see he does not want to discuss the act of violence but at the same time you feel sure he wants to make sure that the provider is taking him seriously—and then a very long silence follows.*)

After a long time, the LCSW tells a story about a boy who was sick for many weeks. He thought he would never recover. One day his grandmother came for a visit and told him that on a certain day that summer he would recover and then they would do whatever he wanted. After that day the boy was always thinking and planning what he might want to do on that special day. Hearing this story, the client breaks down and cries.

Dilemma: Would the interpreter's intervention during the first session have helped to accelerate the patient's recovery or been intrusive?

Would you have intervened at any other point in this story? Why or why not?

_____

_____

_____

_____

Section 6.3: Effective intervention

Objective 6.3

After completing this objective, you will be able to:

Practice effective techniques for addressing communication barriers without offering or discussing cultural information.

The importance of knowing how to intervene

During a session, when you see a culturally based misunderstanding occurring between the client and the provider, you may need to make a decision about whether to intervene or take no action.

The previous section discussed this decision-making process and discussed the potential value and dangers of intervening in a session. If you decide that intervention is necessary, it is important to know *how* to intervene.

The information that you will share is **not** cultural information. Typically you are *identifying* the cultural issue and *guiding the provider and the client to share cultural information with each other*. In this way, the client and the provider can potentially help clear up a misunderstanding or miscommunication, whether about the client's culture, the culture of the client's new country or the professional culture of the service provider (e.g., biomedical culture or the culture of the local legal system).

If you intervene in an intrusive way, your mediation can damage the communication between client and provider by making you more involved. You also risk providing incorrect or biased information.

Let's look at the elements of an effective intervention to address a communication barrier caused by a cultural misunderstanding. You will have the opportunity to practice creating your own intervention scripts and then practicing the techniques you learned.

How to address communication barriers caused by cultural misunderstandings

Steps for mediation

First, remember the basic steps for mediation:

> **Steps for Mediation**
>
> 1. Interpret what was just said or signed.
> 2. Identify yourself as the interpreter.
> 3. Intervene briefly.
> 4. Report your intervention to the other party.
> 5. Continue interpreting.

If you decide to intervene to address a communication barrier posed by a cultural misunderstanding, here are four elements of an effective mediation:

1. Maintain transparency. *Cultural issues sidetrack us, and we can forget to interpret everything we say for both parties.*
2. Identify *briefly* the basis for your concern or what you observed. *Clarifying cultural misunderstandings is often complex: It can be challenging to be brief.*
3. Suggest a possible cause while avoiding cultural explanations. *It is tempting just to give the cultural information yourself—resist that temptation!*
4. Guide the parties to speak to each other. *Instead of explaining the cultural issue, direct them to speak to each other about it while you interpret.*

Your intervention should be transparent and brief. If you are confident that you are watching a misunderstanding unfold that is critical to resolve *during* the session, here is how to intervene, using the example of a client who refers to a marriage practice that is culturally unfamiliar to the provider but doesn't explain it.

1. Maintain transparency. Always identify yourself as the interpreter, for example, "Excuse me, as the interpreter I..." or "The interpreter would like to..." From that point on to the end of the intervention, *everything that you say should be repeated or reported in the other language for the other party unless the provider asks you not to do so* (for therapeutic or legal reasons).
2. Identify *briefly* the basis for your concern or what you observed. For example, you could say, "The interpreter is concerned that what I just interpreted about that marriage practice wasn't clear."

3. Suggest a possible cause while avoiding cultural explanations. For example, even if you know exactly what the marriage practice is that is causing the cultural confusion, don't explain it yourself. Mention what you think is the cause of the confusion (e.g., "The interpreter suspects a possible misunderstanding about what this marriage practice means") and then go back to interpreting: Let the client explain the practice.
4. Guide the parties to speak to each other. Here is another example: "You may wish to ask the client about what it means to make her 'husband's brother welcome in her culture.'" Then return to interpreting, and even if the provider or client answers *you*, pretend they are speaking to each other and return to your unobtrusive position and interpret what is said.

For step 3, without stereotyping the client or patient, explain only in broad, general terms why you think there is a culturally based misunderstanding. Here are two more examples:

- *What the interpreter just interpreted about the steps in applying for medical assistance did not seem clear. You may wish to verify these steps with the client.*[21]
- *When I interpreted "make clean," I don't think the cultural meaning was clear. You might wish to ask the client about that phrase.* (In trauma-informed interpreting, try to address the provider first, especially with therapists and lawyers.)

Then go back to interpreting and allow the provider and the client to decide how to address the issue. If you are asked directly by either provider or client to explain a cultural issue, whether during or outside the session, identify yourself as not qualified to give cultural explanations, e.g., "That's a great question, Dr. Mahmoud. I'm not a cultural expert but I'd be happy to interpret your questions for the client next week."

Your goal is simple: Instead of giving cultural information yourself, guide the provider or client to ask the questions themselves or give each other the relevant cultural information—*even if you think you know the cultural issue well and even if you think it would be simpler and faster to tell it yourself*.

Remember: Culture is unique to each and every individual. We cannot make assumptions about anyone's culture, even our own. Let providers and clients speak for themselves.

The risks of stereotyping

A word about stereotyping: When you share your reasons for thinking that a culturally based misunderstanding may be occurring, be careful how you phrase it. Every individual interacts with their learned culture differently, and every contact that a person has in life may change their way of looking at things.

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21 The cultural issue here is that you sense the client is confused by the culture of the service system and will not be able to complete the required steps. Rather than waiting for what you know will happen next (after the session, the client will probably ask *you* what to do), you are asking the provider to check for understanding so that the provider can explain more clearly to the client what to do. Remember: You, the interpreter, are not the one who should check for understanding. That is the provider's job.

So first, do not share any cultural generalizations except *outside* the session, with the service provider (not the client), and only if you strongly believe it is absolutely necessary in order to overcome serious communication barriers. Even then, be careful to say only something that is such common knowledge that everyone in that culture would know it: For example, in countries where you are permitted to do so, you can discuss with the provider important naming practices, common cultural events such as festivals or the fact that priests in a certain culture are typically respected as authority figures.

Second, keep in mind that while we can say a belief in witchcraft is fairly common in parts of Africa, Latin America or Asia, we cannot say that Africans, Latinos or Asians believe in witches or that a certain culture believes in witches. Such statements are far too broad. We may say that the use of amulets is widespread in the Middle East and Northern Africa, but we should not say that Arabs use amulets. If we say "Arabs," the listener may infer, "all or most Arabs." But most Arabs do not use amulets.

When sharing any broad cultural concerns about a misunderstanding, be sure to do so outside the session and couch your comments in general terms, making sure that the professional will go back to ask for details from the accurate source: the client or patient.

For example, if the provider asks you why the client was clutching an amulet, you can say, "Amulets are often used for all kinds of reasons. That would be a great question to ask the client, and I'd be happy to interpret it next time." If you start to explain what amulets are used for, you might be wrong—the client might be using it in quite a different way than you think, because each client is culturally unique.

Cultural barriers between the client and the interpreter

A cultural barrier can sometimes arise between the client and the interpreter. For example, if the interpreter speaks the language but comes from a different culture, the cultural references made by the client may confuse the interpreter.

Another example arises when the client and the interpreter are from two different social groups, and the interpreter's group oppressed and tortured those from the client's group. Here is an example of such a cultural barrier between a client and an interpreter.

- *Once I had a client from an African country whose country had been colonized by the French. He felt the French government had been supporting the government that had been torturing him, and it was very fresh.*[22] *It was for a medical forensic exam and they hadn't addressed the issue of the interpreter being French.*
- *It had never happened before, but it was always at the back of my mind because many clients come from countries whose regimes are supported by the French. I had been warned about it by the case manager and I just explained to him, "I'm French but I'm not affiliated with the French government or anything like that. I've been a volunteer here for a number of years. The first thing you need to know is they have other interpreters, so if you're uncomfortable about having me interpret, it's your choice."*

[22] In other words, the torture experience was still raw for him. This client was a fairly new arrival.

- *He was really tense. It was intense. The first thing he said was "Moi, j'aime pas la France."* (*I really do not like France.*) *It's tricky: I can speak French Parisian like the élite, like the officer, the people who were oppressing him.*
- *And it went fine, it went really smoothly. But it's an issue that interpreters might want to have at the back of their heads.*

Risks of intervening to address cultural misunderstandings

Be careful what you share. For example, if the client's use of "they" is clearly (to you) referring to a certain group, don't say, "When the client says *they*, she is referring to the name of a military gang that everyone is afraid of, so no one says the name in case someone might overhear and report them."

Instead, if the word "they" is clearly causing confusion, you might intervene to say, "Excuse me, as the interpreter I'm afraid the word *they* is unclear because it may have a special political or social meaning in the client's country." The therapist, social worker or lawyer can then ask the right questions to determine what the client means by "they."

Trauma-informed therapists, lawyers and even some doctors specialized in this field do not want you interfering to explain culture. Providers interviewed for this training manual are unanimous (therapists and lawyers in particular) that they usually know more about the client's culture and cultural terms than you, the interpreter, might imagine they know. Your untimely intervention can damage the flow of the session and even cause the client to close down.

Unless you find it difficult or impossible to continue interpreting because the cultural bump is too big, let the provider ask questions and trust the provider to get the information needed—or share your cultural concerns with the provider outside the session.

In general, all things cultural that you need to share at all should be shared outside the session whenever feasible.

Addressing cultural misunderstandings outside the session

A number of interpreters in this field address cultural misunderstandings that could lead to a breakdown in communication outside the session, not only with providers but also with survivors. Such interpreters want to explain what is going to happen to the client in medical, psychiatric or legal appointments because these referral appointments often don't take place with providers who specialize in serving torture survivors.

It is quite risky behavior for the interpreter to start "explaining the system" or the service culture to a client. For example, *in legal settings the interpreter must* ***never*** *speak with the client alone outside the session.* The reasons for this serious statement are explained in Module 7.

In brief, if you speak with the client alone, ***your action could potentially rupture lawyer-client privilege,*** among other legal risks.

Still, referrals from torture treatment and refugee mental health programs to medical, dental, ocular or other appointments with nontrauma-informed service providers can cause problems for many clients. One social worker explains what torture treatment specialists *should* do when they make these referrals:

> *Hopefully you make handouts available in the client's native language that explain what's going to happen to them. Say to the client, "You're going to have an appointment with this person, and this is what is going to happen."*

Cultural Expectations for the Interpreter

I think sometimes [clients] come here asking for advice. They're viewing the interaction as one of being provided with advice. And our role isn't to provide advice.

—Psychiatrist

[Clients] come to me outside the session and they want me to explain and give advice.

—Interpreter

Often, however, this explanation never takes place—and there is no handout. As a result the interpreter, who has learned from interpreting for other survivors of extreme trauma the risks involved in some types of appointments (for example, the risk of a nonspecialized provider retriggering the client's trauma), sometimes intervenes to explain to the client how the service will work. This is a form of cultural mediation—and it may be quite inappropriate for interpreters to perform. In cases such as these, the interpreter is essentially acting as an advocate, which lies outside the interpreter's role.

Such action is risky, but in some cases the interpreter may fear that doing nothing will lead to an even greater risk: retraumatizing the survivor. Here is what one volunteer interpreter at a torture treatment center reports:

> *Even though we mostly work with [specialized] providers there's still a fair number who are outside the program network. I'm more proactive in those situations. If it's for the client's health, I really don't see it as a problem. If it's a forensic exam [for court] or anything that has legal implications, that's more delicate. A classic example would be an optometrist's appointment. [The clients] have no idea what an optometrist is, and to sit in a weird chair and have all those contraptions thrown in their faces—it's very scary.*

Wherever possible, however, have the relevant service provider (e.g., a nurse, a social worker, a therapist, a paralegal) explain the referral service to the client rather than explaining it yourself.

Back to the elements of an effective intervention

The goal of an effective intervention in the case of a cultural misunderstanding is to alert the client and the provider that there is cultural information that one or both parties is unaware of that appears to be causing difficulty in communication.

Remember the four elements of an effective mediation? Now let's apply them to helping you decide exactly what to say. In an effective intervention you accomplish the following:

1. **Maintain transparency.** Remember that whatever you say to one party you will repeat or report for the other party.
2. **Identify *briefly* the basis for your concern or what you observed.** What is happening? Make clear that a potential break in communication is occurring. Request a clarification or, if needed and permitted, describe what you have observed that may have led to the culturally based misunderstanding
3. **Suggest a possible cause while avoiding cultural explanations.** What is a possible reason for this misunderstanding? Briefly state the possible source of the miscommunication. If possible, focus on the linguistic aspect of the misunderstanding. In other words, which cultural concept, belief or issue seems to be the source of misunderstanding? Identify that specific word, concept or term and request a clarification. If someone asks you for cultural guidance, make clear that you are not a cultural expert. Be firm on this issue. You are not a cultural anthropologist, and you are not adequately trained to explain culture.
4. **Guide the parties to speak to each other.** Guide the client and the provider to ask each other the right questions and give each other information by identifying the cause of the breakdown (again, focusing on words, concepts or phrases where possible). Make sure that they verify with each other the accuracy of any information you have provided. In this way, both parties can explore and resolve the misunderstanding with each other instead of relying on you for further explanation or for a solution.

And remember: *Whatever you say when you intervene, say it in both languages to maintain transparency*. The intervention should be short. Don't spend much time speaking as the interpreter; return to interpreting as quickly as possible.

The following is an example of what an effective intervention might look like—in other words, what you might actually say:

Scenario: During an intake session

The interpreter notices that the client is not making eye contact with the provider and is not answering questions. The client appears sad or distracted and is not participating in the session as actively as they typically would. The interpreter is aware that this day marks an important date in the client's culture, commemorating a massacre that occurred not many years ago (the interpreter might be guessing and there might be other reasons why the client appears sad or distracted). It is possible that the client knew or was related to victims of this terrible event.

The provider continues asking questions and appears frustrated at the client's lack of participation. After a few minutes of difficult communication, the interpreter sees that the provider does not understand the client's altered state of mind and that the client's behaviors continue to make effective communication impossible.
Example of an effective intervention:

Interpreter: Excuse me, Dr. Friedman, as the interpreter I see a potential concern that might be related to today's date, which marks a tragic anniversary in [name of country]. May I interpret what I just said for the client?

Psychologist: Thanks for that information, but I think it's better to let me address this. (*Turns to client and begins gentle probing to determine if the date is significant and traumatic for the client*.) Bolanie, the interpreter was just sharing with me that today might be an important date in your country. Is that right?

The interpreter did not speak of a year, a massacre, a political situation or anything else. She only spoke of a "tragic anniversary," which was just enough information to guide the provider to ask the right questions. In this case the psychologist, fearing that even to let the interpreter interpret this much information ("tragic anniversary") might trigger an unfortunate reaction in the client, asked the interpreter not to interpret the mediation but instead for transparency the psychologist rephrased the mediation in what they perceived to be more appropriate words.

As you can see, an effective intervention can be brief and should always encourage communication between the client and the provider. Also, it can be helpful to include *only* the information that is essential to the message. This way, you will be sure to keep your intervention short and clear.

Please remember that in some countries, for example in Canada, even this level of discreet intervention on the part of the interpreter might be frowned upon by the service provider or not acceptable according to the local code of ethics for interpreters. If in doubt, seek guidance from the provider after the session or from your agency if you are a freelancer.

When creating your intervention script, Table 6 may give you helpful guidance.

Table 6: When You Intervene…

Always include (if you can)	**Never include**
Provide a brief statement *in both languages* that alerts the client and the provider that you are speaking as the interpreter.	Avoid *any* statement about the client (e.g., "She doesn't understand because…") When you intervene for any reason, do not speak about the client.
Offer a brief and respectful (nonaccusatory) description *in both languages* of the possible misunderstanding that you are observing, focusing where possible on a term, concept or phrase that may be causing that misunderstanding.	Do not share your own personal experiences or cultural opinions, even if they seem relevant to the session.
If helpful and appropriate, name *in both languages* the cultural concept or belief that may be the source of the misunderstanding (e.g., a marriage custom, or meaning of the word "school").	Avoid making any suggestion to the client or provider about how to solve the problem. It is not your role to provide the solution, only to alert both parties that a miscommunication appears to be taking place.
Make a statement *in both languages* that encourages the client and the provider to check with each other to confirm anything you say.	Do not share your value judgments about anything that the client or the provider is doing or not doing. In other words, do not share your opinions about whether something is "bad" or "good."

How well did you do? Evaluate your intervention

Because culture is a challenging area for interpreters and in this field in particular, you may be wondering after a given session whether you did an effective job addressing cultural misunderstandings. To help you, here are a few questions you could ask the provider (after the session) or yourself.

Questions for the provider

- Was my performance today helpful to you?
- Do you feel I addressed any potential miscommunication appropriately?
- Do you have any suggestions for how I should handle any future concerns about cultural barriers to communication that might come up during a session?
- I know you asked me a couple of questions about culture. But since every client is culturally unique, do you understand why I am reluctant to give any detailed cultural information?

Questions for you

- Was I satisfied with my intervention and my performance?
- Did the session seem to go well despite the cultural "bumps"?
- If I intervened, did the session seem to go better after my intervention?
- After I intervened, did either the provider or the client start turning to me more, speaking to me or looking at me more than before?
- Was I transparent?
- Was my intervention brief and clear?
- Did I successfully identify the issue and its cause?
- Did my intervention lead to clearer communication?
- Did the client and the provider seem to overcome any cultural misunderstandings?
- If I debriefed with the provider after the session, was I careful not to give specific or detailed cultural information and instead refer the provider back to the client for details?
- Would I change anything I did today in terms of the cultural issues?

Activity 6.3 (a): Identify the elements of effective intervention

Instructions for classroom

1. Divide into groups of three.
2. Review the scenario and the two intervention scripts that follow it.
3. Identify the script that includes all four elements of an effective intervention (if you can find them in that script).
4. Strike out *any information that you find unnecessary or inappropriate for the interpreter to say*.
5. Choose the script that you find more effective for this scenario.

Instructions for self-study

If you are studying the manual on your own, complete tasks 2 through 5 above.
As a reminder, here are the four elements of an effective intervention:

1. Maintain transparency.
2. Identify *briefly* the basis for your concern or what you observed.
3. Suggest a possible cause while avoiding cultural explanations.
4. Guide the parties to speak to each other.

Scenario: Is Bijou His Wife?

A lawyer-client interview between a French-speaking client from central Africa and a lawyer with no special knowledge about the client's country.

Lawyer: And what happened next?

Client: And then I had a child with my wife[23] Bijou and moved away to Birao in 2006, the year before it burned down in the fighting. And then I got married, not long before the big fighting.

Lawyer: Hang on a moment. You just said you had a child with your wife. So this was your second wife?

Client: No, no. I married Reine, not Bijou.

Lawyer: You didn't divorce Bijou?

Client: No.

Lawyer: But you call Bijou your wife too?

Client: Yes.

Lawyer: So you were still married to Bijou.

[23] In French and a number of other languages, the expression *ma femme* can mean "my woman" or "my wife."

Client from central Africa and a lawyer

Client: Yes.

Lawyer: But, OK, I think we just missed something here. Um. Did you have any kind of ceremony with Bijou in a town hall?

Client: No.

Lawyer: Did you ever do anything to break up the marriage with Bijou?

Client: But I was not married to Bijou.

Lawyer: You just called her your wife!

Client: Yes. She is the mother of my child.

Lawyer: Did you marry by custom? In any traditional ceremony?

Client: No, no.

Lawyer: Did anyone in the village with some sort of social responsibility join you together?

Client: No.

Lawyer: Did her father or family consider you her spouse?

Client: No, her father did not like me or accept me. She was a different social group, and she had a higher status. He was angry with me about the child. That's why I moved away.

Lawyer: (*turning to interpreter*) Interpreter, can you help me out here? This is fairly serious. We can't go to the asylee interview and find out he was polygamous! If he wasn't married to Bijou, I need to know why he is calling her his wife. Can you help?

Guidance: *The interpreter is aware that the client is probably calling Bijou his wife out of respect, because she is the mother of his child.*

Intervention script 1: A misunderstanding?

(*to provider*) Madam lawyer, as the interpreter I'm concerned that there is a break in communication, possibly because some social titles like *wife* in this language can indicate respect. You may wish to explore this issue with the client.

(*to client*) As the interpreter I just shared with the provider that I sensed a misunderstanding, perhaps because some social titles like *wife* in your language can indicate respect. I suggested the lawyer may wish to ask you about this.

Intervention script 2: Word meaning in a different culture

(*to provider*) Madam lawyer, as the interpreter I'm concerned that there is a break in communication because the client is using the word *wife* out of respect for the mother of his child. I see this issue all the time. You may wish to ask the client about this.

(*to client*) As the interpreter I just shared with the provider that you are calling Bijou your wife because in our culture *wife* can mean the mother of one's children and I see this issue often. I suggested the lawyer may wish to ask you about this.

Which intervention script has all four elements of an effective intervention?

_____

Which elements of either script would you delete because they are unnecessary or inappropriate?

_____

_____

_____

Which script do you find more effective? Why?

_____

_____

_____

_____

Activity 6.3 (b): What would *you* do? Cultural mediation role play

Instructions for classroom

1. In groups of three, who speak the same language if possible, act out the role play in Activity 6.3 (a).
2. Each person will play the interpreter.
3. The person who plays the interpreter will close this manual and not read the script.
4. The person who plays the client can sight translate their text if both the client and the interpreter share a common language.
5. At the end of the role play, the interpreter will try to perform a cultural mediation.
6. Based on the interpreter's response, improvise the rest of the role play.
7. If you finish the role play before time is called, go back and start over with a different person playing the interpreter.

Instructions for self-study

1. Read the scenario in Activity 6.3 (a) and, without looking at the intervention scripts, decide how you would phrase your intervention in this case.
2. Write down exactly what you would say to the lawyer and the client in their languages.
3. How is your intervention different from the scripts that were provided? How do you anticipate the client and the lawyer will respond?

Module 6 Review

Key points to remember

1. A culture is a way of life for a group of people, including their behaviors and beliefs, traditions and values, symbols and artifacts, passed along from one generation to the next.
2. Sometimes during an interpreted session, cultural misunderstandings can be critical.
3. When you perceive culturally based misunderstandings that may be critical to the session, you may intervene, either during or after the session, depending on how serious the misunderstanding is.
4. To avoid intervening too often, think carefully and apply the criteria given in this module before you make your decision. Also consider any specific requirements that apply to you based on your local standards of practice.
5. If you intervene, remember to:
   a) Maintain transparency.
   b) Alert the provider that there may be a culturally based misunderstanding.
   c) Without stereotyping the client, address why you think there is a culturally based misunderstanding; where possible, request a clarification of the term, concept or phrase that may be causing the misunderstanding.
   d) Go back to interpreting and allow the provider to decide whether and how to address the issue.

Review questions Module 6

Congratulations on completing Module 6 of this training manual.

True or false

1. The safest way for an interpreter to overcome a serious cultural misunderstanding is to identify the communication barrier and let the provider and the client resolve it. T or F

2. Culture is so complex that if the interpreter provides cultural information about a client, the interpreter may easily stereotype the client. T or F

3. As the interpreter, it is your job to calm down a provider and a client when they face a cultural misunderstanding. T or F

4. When faced with a cultural misunderstanding, you should explain the cultural issue yourself to save time. T or F

5. If the provider asks you, the interpreter, to explain a cultural issue, you should try your best to do so. T or F

Strike out

6. Which of the following is *not* one of the four elements of an effective cultural mediation?

   a) Maintain transparency.

   b) Identify *briefly* the basis for your concern or what you observed.

   c) Suggest a possible cause while providing a cultural explanation of the issue.

   d) Guide the parties to speak to each other.

Conclusion

It is hard work analyzing culture and practicing effective intervention to address culturally based communication barriers! Now it is time for a little humor.

Here is a poem dedicated to all those brave interpreters who navigate a world filled with cultural innuendos and misunderstandings.

The interpreter from Oman

To act or not to act
That is the question!
When a cultural misunderstanding comes,
I interrupt the session.

I am prepared to mediate,
Identify, declare and state
That NO WAY am I the one
True cultural expert of Oman!

Now I suggest that they explore,
And maybe they will talk some more.
They do. They laugh. At the hour's turn
They solve their cultural concern!

Hip, hip hurrah!

Module 7:

Legal Interpreting for Survivors

Introduction

Module 7 addresses legal interpreting for survivors. The three principal legal settings that this module will focus on are:

- Lawyer-client interviews
- Interviews with immigration officials and agents
- Nonprofit legal services

The legal interpreting requirements that make up the core focus of this module are the ethical canons of:

- Accuracy
- Impartiality
- Scope of practice/role boundaries

This module should also help interpreters in any legal setting that involves interpreting for a survivor of torture or other major trauma.

Language barriers

This module will not address court interpreting because professional interpreters are typically provided in court settings that affect or involve survivors. However, because this program is so specialized, some court interpreters may find the information in this module helpful, especially if they interpret outside the courtroom. In addition, it is often the case for languages of limited diffusion that less qualified interpreters are called to court, and depending on their level of training, they too may find this module helpful even for court interpreting, since the legal requirements addressed here do apply to court interpreting.

Module 7 provides guidelines for interpreters in legal settings outside the courtroom, and you will have the opportunity to:

- Assess how a survivor's legal credibility is influenced by language barriers and the inaccuracy of many untrained interpreters.
- Learn some of the challenges of interpreting for asylum seekers, whose ultimate legal status depends on their story being believed by the immigration officer.
- Practice techniques that will improve your interpreting performance in legal settings that involve survivors.

Learning Objectives

After completing this module, you will be able to:

Module 7: Legal Interpreting for Survivors

- **Objective 7.1:** Assess how the ethical canons[24] of accuracy, impartiality and scope of practice/role boundaries apply to legal interpreting for survivors of major trauma.
- **Objective 7.2:** Discuss how legal requirements impact the role of the interpreter.
- **Objective 7.3:** Discuss lawyer-client privilege and confidentiality in legal interpreting for survivors.

What we hope to accomplish in Module 7

The authors believe that accuracy, impartiality and scope of practice are three key areas in legal interpreting that you will need to address in depth if you interpret for trauma survivors in legal settings, especially outside the courtroom. These are the three areas where nonprofessional interpreters in legal settings may often make serious errors of judgment.

When you interpret for survivors in legal settings, you will need to understand key legal requirements and the legal interpreter's role because in several countries, national and local laws govern legal interpreting. That is not the case to the same degree for community (including medical) interpreting: The law and legal statutes do not govern community interpreting, but they do govern legal interpreting.

So although Module 7 is *no substitute for professional training in legal interpreting*, volunteers and community interpreters who lack formal training in legal interpreting often perform legal interpreting for survivors. As a result, if you perform legal interpreting even occasionally, this module is a *critically important one for you to study*.

Finally, situations such as seeking political asylum are excellent examples of legal interpreting for survivors. Asylum seekers in most countries will tell their story to the asylum officer, and that story *must* be related accurately, without distortion or intervention by the interpreter. This asylum official will be one of the key players in determining whether or not to recommend that asylum be granted to the applicant, so the stakes for the survivor are high. As a result, we will return to this basic scenario often.

We hope that you come away from Module 7 with a clear understanding about:

- What is expected of you when you interpret for survivors in legal settings.
- What to do when faced with an ethical or other challenge in legal settings.

[24] Ethical principles, tenets or canons are essentially statements that specify fundamental ethical requirements for interpreters, e.g., "Interpreters will keep confidential all information they learn in the course of an assignment." Although the authors use these three terms more or less synonymously, "canons" is a term used specifically in some legal interpreting codes of ethics. Because legal interpreting ethics are generally stricter and more rigid than those for other interpreting specializations, the more forceful term "canon" is used in this module instead of "principle" or "tenet."

Section 7.1: Accuracy, impartiality and scope of practice

Objective 7.1

After completing this objective, you will be able to:

Assess how the ethical canons of accuracy, impartiality and scope of practice/ role boundaries apply to legal interpreting for survivors of major trauma.

In this section, you will:

- Analyze how to adhere to the canons of accuracy, impartiality and scope of practice when you interpret for survivors.
- Be able to assess whether a particular act falls within your scope of practice or role boundaries when you perform legal interpreting.
- Know certain things to do differently when you interpret in legal vs. community settings.

Activity 7.1 (a): Role play—"Gukazanura"

Instructions for classroom

1. In groups of three, act out the following role play.
2. The person who plays the interpreter may not look at the script and must close this manual.
3. However, the interpreter will receive a piece of paper with the information below (the "Challenge") written on it.
4. After the interpreter reads this paragraph carefully, start the role play.
5. If time permits, perform the role play again but let another member of the group play the interpreter.

Instructions for self-study

1. If you can, have two friends or adult family members help you out with this activity by reading out the role play. You will play the role of the interpreter. What would you do if you were the interpreter in this scenario? Why?
2. Consider discussing your answers with other interpreters studying this manual.

Challenge: *The interpreter knows that the client is referring to the custom known as "gukazanura" (Kinyarwandan), in which a woman is considered the "wife" not only of her husband, but also of his male family members as well. Under this tradition, the brother(s) of the woman's husband can have sexual relations with her. Under another variant of the practice, the woman's father-in-law may have sex with her (this can occur before the marriage takes place).*

Role play: "Gukazanura"

Session with a female Congolese Tutsi client from North Kivu province, Democratic Republic of the Congo.

Client: The fighters came to the village closest to ours...we were so scared. The war was all around us—we could hear the shooting and the sounds. My daughter and I stayed in the house for two weeks without going out at all. It was terrible.

Lawyer: It must have been a very frightening time. What happened next?

Client: I have never been so scared in my life. That village was burned down and most of the people were killed. They did terrible things to the women.

Lawyer: What terrible things?

Client: Too much, too much. But somehow we were spared. The fighters went north afterward, and did not come to our place

Lawyer: What about your husband, where was he all this time?

Client: He was still in the bush. When he came to see us, he said that they could come back sometime soon. He said my daughter and I should go to his uncle's place, about 60 kilometers south.

Lawyer: Why did he want you to go there?

Client: He wanted us to stay there where it would be more safe. And he said that when we got there, my daughter should be married to his uncle's stepson. He said, that way, she would be taken care of. I was surprised because she was still young, but he said it had already been agreed.

Lawyer: So you went to the other place?

Client: Yes; there was no choice because my husband had made the arrangements, and he had to leave and rejoin his patrol. So we went. The road was watched so we had to take the track through the bush, but we got there safely.

Lawyer: And then you waited?

Client: Yes, only...I thought things would be better for us there because we were farther from the fighting. (*Shakes her head.*) But I didn't expect what happened.

Lawyer: Can you tell me what happened?

Client: When we arrived my husband's uncle took us in, and a short while afterward my daughter married his stepson, as had been planned. He seemed like a good young man, and I felt that if anything happened to me my daughter would be cared for. But then the call came for him to return to the city for work. Before he left, he told my daughter that if his older brother came to visit, she should make him welcome.

Just a few weeks after that, the brother came. He went to my daughter's house and told her who he was. She welcomed him, as she had been told to...but he was very bad to her, he hurt her...(*She begins to cry.*)

Lawyer: (*gently*) Can you tell me what happened?

Client: He went to her every night, every night.

Lawyer: Do you mean he raped her?

Client: No, no, it was his right. Her husband had said to make him welcome, so she did what was expected of her. She had to treat him as she would her own husband. But he did such bad things, so that she had to go to the hospital...That is why we finally left. I had to get her away and try to keep her safe.

Lawyer: (*turns to the interpreter*) Interpreter, I'm sorry but I'm confused here. Can you tell me what's going on? (*The lawyer looks to the interpreter for possible clarification.*)

Defining legal interpreting?

Before we begin, here is one important point to keep in mind. How do you know if you are performing community or legal interpreting? Interpreting in a court is clearly legal interpreting—but if you interpret for survivors outside a courtroom, how do you know if what you are doing is legal or community interpreting?

To begin with, here is a definition of legal interpreting taken from *The Language of Justice: Interpreting for Legal Services* (Framer et al., 2010, p. xi).

> ***Legal interpreting:*** *Interpreting related to legal processes and proceedings, including but not limited to lawyer-client representation, prosecutor-victim/witness interviews, and law enforcement communications.*

If you are a legal interpreter, it should be clear to you if and when the interpreting you perform is a legal interpreting appointment. However, if you are volunteer or community interpreter, you may easily have stepped by accident into a legal interpreting appointment without realizing it. In that case, the ethics, standards of practice, protocols and professional expectations that apply will be different in certain ways from those that apply to general community interpreting.

In most countries, legal interpreting is considered a specialization that is separate from community interpreting, especially given that court interpreting is one part of legal interpreting (ISO, 2014). In some countries, however, such as Canada, legal interpreting is considered part of community interpreting. Yet even in such countries, laws, statutes and legal requirements that relate to legal interpreting will always take precedence over general requirements or best practices for community interpreting.

As a result, you should clearly know whether or not you are performing legal interpreting. For example:

- Any interpreting appointment that involves or includes a lawyer or the appointed representative of a lawyer is ***legal interpreting***.
- Any interpreting that takes place in *a formal legal setting*, such as a deposition or interview with a detainee, is ***legal interpreting***.
- Any appointment that involves a law enforcement or judicial representative asking legal questions is ***legal interpreting***.

Legal Interpreting

Question: What type of legal interpreting might take place for survivors in community settings?

Answer from a psychiatrist: *One category is forensic psychosocial assessment, which is not a one-shot deal—it could be several sessions over three days depending on the level of client functioning. It could even extend longer if there's no immediate time pressure from court. Sometimes it's scheduled for several hours but you have to end it sooner [due to trauma for the client].*

Other situations are not always clear. For example, it may—or may not—be legal interpreting in certain cases when you interpret for:

- A police officer.
- The sight translation of a formal document. (In general, if the client is required to sign the document, it is a legal document, and sight translating it would involve legal interpreting.)
- A medical exam. For example, a forensic medical exam to help determine whether an asylum applicant actually suffered physical torture should be considered legal interpreting, but a medical exam for a hip injury sustained during torture (e.g., to help decide whether a hip replacement is needed) is *not* legal interpreting, even though it relates to torture.
- An interview with social services. For example, a refugee's denial of benefits hearing may involve legal interpreting, whereas a simple application for social assistance may not.

Here is a question. If a psychologist is doing a forensic exam in preparation for writing a psychological evaluation and expert court testimony, yet to the interpreter it appears to be a counseling session as well, is that an example of mental health (and thus community) interpreting or legal interpreting?

The answer is: This is an example of *legal* interpreting because the information being collected is intended for possible use in court.

Keep in mind that as an interpreter you are not a legal expert (unless you also are a lawyer). As a result, if the question ever arises in your mind about whether or not a certain appointment is legal or community interpreting, here is a simple answer to guide you:

> If you are not sure whether the appointment is community or legal interpreting, *treat the appointment as if it were legal interpreting.*

In that case, follow all the guidance that you receive in this chapter. If you do so, you will be on safer ground, legally and in other ways, than if you treat the appointment as if it were general community interpreting. This module will show you why.

Accuracy

General guidance regarding accuracy

Canon 1: Accuracy and completeness

Interpreters shall render a complete and accurate interpretation or sight translation, without altering, omitting, or adding anything to what is stated or written, and without explanation (Hewitt, 1995).[25]

How One Interpreter in This Field Enhances Accuracy

Anytime I've gotten as far as an immigration judge or gone before an immigration official or public presentation, I've tried to do as much familiarizing myself with the case and the content as possible. I'm a big believer in studying up beforehand so [that] I'm not struggling.

The lawyers sometimes recommend that we practice the testimony, which is also part of building the trust with the client that I'm going to tell their story. Technically, those preparation sessions are important. It's just a lie that we're able to interpret everything! People think we're just a machine. I can say that after 20 years [interpreting], I still want to study [for] every single job.

Accuracy is a strict requirement in legal interpreting, stricter even than in community interpreting. Interpreting accurately and completely plays an important role in allowing listeners to assess a survivor's credibility in legal settings as well.

For example, language can be a critical factor in determining whether or not asylum is granted to a survivor fleeing political persecution and torture.

Your goal with accuracy is always to put the client on an equal footing with fluent English speakers. Therefore, it is important to preserve *everything* that is stated in the target language, including style or register of speech especially, hesitations, and even fillers like "uh" or "mmm."

What accuracy means for you

Every statement, including apparent misstatements or many repetitions (which occur often with survivors) *must be interpreted*.

By interpreting all statements, you help the legal services provider, immigration official or other legal representative more clearly understand the client's philosophy, attitude and level of understanding.

Lawyers and asylum officials often partly base their legal advice or decisions not only on what the client is *saying* but also *how* the client says it. They rely on an accurate interpretation to form their legal opinions about the client's case.

25 Ethics and standards were addressed in Module 4 of this manual. However, the general principles themselves in these canons correspond to the most common legal ethical requirements for interpreters in many other countries around the world (Bancroft, in press).

How to be accurate in legal settings


Imigration interview

As discussed above, when you interpret for survivors in legal settings, accuracy is so important that you must interpret even the tiniest words and fillers (like "uh-huh") as completely and accurately as possible. However, sometimes when you are dealing with the intensity of a survivor's story, it can be difficult to focus on accuracy. The emotions and graphic descriptions can "fog" your brain and get in the way.

The following guidance may be helpful. Many interpreters for survivors, refugees and clients who speak languages of limited diffusion make common types of errors. To avoid such errors, respect these guidelines:

- Avoid "tidying up" language. For example, a client who says the equivalent of "Yeah" as opposed to "Yup," "Uh-huh," or "You bet," gives the legal services provider a different impression than "Yes," and these nuances can be quite important. In addition, a lawyer needs to know exactly how a client will sound in court or during immigration hearings and interviews.
- *Never* make a less educated client sound sophisticated by cleaning up their grammar or vocabulary.
- If the language is rough—keep it rough when you interpret. Putting slang into smoother language is *not* helping the lawyer or the officials and can potentially harm the case.
- Conversely, do not simplify a message, even if the listener does not understand it. If the lawyer is speaking complicated legal language, for example, and the client is confused, simplifying the message could be dangerous. You might be seen as giving the client legal advice or performing unauthorized practice of law, which in many countries is a crime.
- Avoid explaining anything, even if the client seems confused. Instead, signal to both parties that there appears to be a breakdown in communication. Remember, *it is up to the lawyer or legal services provider to resolve the problem—not you.*

What to do differently in legal settings regarding accuracy

If you usually interpret in community settings, here is what you should do differently to respect accuracy in legal settings:

- **Avoid summarization.** Summarization is sometimes permitted in community interpreting as a last resort (e.g., during an emergency, if too many people speak at once and won't stop, in cases of mental illness or dementia or in cases of rapid speech if the speaker is too emotional and can't be stopped). *Summarization is not permissible in formal legal interpreting.* Take notes, develop your memory skills and, if needed, interrupt when you are unable to keep up with the speaker or you need to consult a dictionary or other tool.
- **Maintain register.** Although community interpreters are not supposed to change register to simplify a message, many of them do so anyway (often unconsciously). In legal interpreting, watch out closely to maintain register. *Changing register is not permissible in legal interpreting.*

If you are primarily a community interpreter, you may find that challenges arise if you:

- Lack knowledge of basic legal concepts and terms.
- Lack the skills to keep up with the speaker.
- Assume that legal terms in one language are equivalent to similar terms in your other language (which is a common problem in legal interpreting—watch out for it).

Try hard to research ahead of time any legal terms that may come up during the session. For practice, or to see how well you do, listen to court or legal shows on television and try to interpret simultaneously what you hear into your other language.

In general, community interpreters find accuracy in legal interpreting is difficult. If you are not a professional legal interpreter, you will have to try harder and prepare thoroughly for each appointment.

The importance of preparation for accuracy

Knowing the ethical canons for legal interpreting is important. However, you will also need to prepare for the appointment.

A well-prepared legal interpreter:

- Knows how long an average interview would last.
- Understands the nature and importance of the interpreter's role.
- Is familiar with the legal and other terminology most likely to be used.
- Shows up at the right place and time.
- Speaks in the first person.
- Interprets the information faithfully and without bias, and also without paraphrases, additions or omissions.
- Avoids the temptation to insert or eliminate points that the interpreter may find helpful or harmful to the applicant's case.

A Special Challenge for Accuracy: Immigration Interviews

One interpreter reports, *A lot of times it will be a slang word or a vulgar word that will come up. In immigration hearings, they want to hear what the policemen said to you when he was raping you, and if there were vulgar words involved they want those words to be interpreted.*

This interpreter then gave an example: the Spanish word *vergazo*. *Vergazo* in this context of the survivor's imprisonment referred to beating, but a beating with sexual connotations. As a result, interpreting this word as either "sexual assault" or "beating" doesn't quite convey the true meaning. Because there is no exact equivalent in English for *vergazo*, the interpreter would have to clarify this term, but in court or certain types of immigration hearings (e.g., interviews with asylum officials) interpreters may be prohibited from providing any explanation unless requested—a true dilemma.

This interpreter adds: *In this particular case, the immigration official asked for some clarification and I was able to provide it.*

Problematic terms

If a problematic term arises, prompt the *provider* or the *client* to explain it. *Do not explain terms or concepts yourself.* You may invite the legal services provider to check for understanding as needed but may not do so yourself. Instead of assuming responsibility for clarification, assist the provider or client to seek clarification.

You are acting as an agent of the lawyer or other legal representative. You may not act on your own agency; in other words, you may not take action even to paraphrase or define a term.

The impact of taking breaks on accuracy

Accuracy can be difficult when performing legal interpreting for survivors due to the graphic nature of the testimony you hear. In many cases, in order to recover psychologically so that you can be accurate, you may need to request a break more often than in less traumatic areas of interpreting. As one lawyer reports:

> *It's very hard in the middle of an asylum interview to say, "I just can't interpret." Say it, though, if you see it's hard. It could be trauma that you're experiencing, or it could be that your mind just isn't working. Then you do need to stop. I think it's our best practice. Just stop to tell the lawyer. Even if the lawyer is mad at you in the moment, they will realize it's better [for you to take a break] than to have interpreted everything wrongly.*

But you taking a break can also have a negative impact on the session, so try to take breaks only when you truly need them. One lawyer complained about interpreters:

> *They correct the provider. They intervene to recommend that the client answer one way or the other. Or the interpreter jumped in for a break [because] the parking meter has run out and in midsentence they just left, leaving the client and provider in the lurch, and the other [case] they left in midsession. So if you know you have two hours in the meter you should say that beforehand so the provider knows and they can take a break and you can go out and feed the meter.*
>
> *If they really need a break they need to let the provider know beforehand. Because they could be in the middle of something really important, and maybe the provider wouldn't have approached that topic if they had known you were going to need a break. So it's [often] an issue outside the interpreted session, whether it's parking or childcare or something that's pushing them to break inappropriately.*

It is acceptable to take breaks to support your accuracy and your emotional well-being (which also affects your accuracy). For any other type of break, use your professional judgment and be sensitive to the client's need to tell the story without unnecessary interruptions.

What Do You Do to Improve Your Accuracy and Prepare Yourself When You Interpret for Survivors?

Getting some context ahead of time is the most helpful thing technically. If it's this Indigenous name of a village in Guatemala, if there's a term that comes up. There was one client who said his father was trying to turn him into a real man instead of this effeminate young boy. He covered [the boy's] body with chili peppers. [The client] said, "Me enchiló," which I never would have figured out if I hadn't read the affidavit ahead of time. And I think the most helpful thing emotionally is to go in ahead of time with a sense of purpose that has to do with the importance of this person's story.*

**Me enchiló* comes from a verb that means "add pepper to" but in this case means something more like "he peppered me," which sounded odd to the interpreter!

Impartiality

General guidance regarding impartiality

> **Canon 3: Impartiality and avoidance of conflict of interest**
>
> *Interpreters shall be impartial and unbiased and shall refrain from conduct that may give an appearance of bias. Interpreters shall disclose any real or perceived conflict of interest* (Hewitt, 1995).

When you interpret for survivors, there is often an expectation from the survivor and/or the survivor's cultural community that you, the interpreter, should be ready to help out the client. Sometimes you are even expected to "clean up" the client's mistakes if they say anything that you think could potentially damage the application or case.

You may not so do.

In addition, *avoid any conduct that presents the appearance of bias against or favoritism toward any of the parties.* That means no conversations with potential witnesses, lawyers or friends or relatives of the client or any other party, except as part of your interpreting duties.

Just as with community interpreting, try to avoid showing what you feel or allowing your emotions to affect your interpreting. That is, of course, difficult to do because the survivor often has to be graphic and specific when describing what happened during a legal interview.

Still, you can and should try to appear professional yet caring or gentle in order to assist the provider in developing a trusting relationship with the client (Framer et al., 2010, p. 27). Being professional does not mean being rude: You can have a warm, sympathetic demeanor and show in your body language that you are receptive to the message and trying hard to deliver it accurately and be the client's faithful voice.

How to be impartial in legal settings

What does impartiality mean for you when you interpret in legal settings? Here are a few important examples.

1. *Never be alone with a client for whom you have performed (or will perform) legal interpreting*. The legal consequences can be more destructive than you imagine. For example, lawyer-client privilege might be destroyed.
2. If you have a personal relationship with anyone involved, you *must* disclose it up front, in detail.
3. You *must* preserve a strictly professional relationship with the individual for whom you interpret. This is often harder with survivors than interpreting for other clients.
4. You *must not* speak about cultural matters related to the client or the client's culture, either during or outside the session, except as discussed below. (This is often a particularly hard requirement for community interpreters.)
5. You *may not* encourage nor discourage a client with regard to any issues discussed or engage in *any* conversations with the client except as required in the discharge of interpreting duties.
6. During the session, you may and should (in a sensitive manner) discourage a client's personal attachment or dependence on you by reporting anything the client says to you personally during the session and making your role clear.
7. You *may not* accept any gifts or payment from the client or other persons involved in the case beyond your standard fee for interpreting, to avoid the appearance of bias or impropriety.
8. If the client develops a personal dependence on the interpreter, which is common with survivors and untrained interpreters, disclose that relationship to the legal services provider up front. Such dependency may create a potential conflict of interest: Let the legal services provider decide.

Here is something else to keep in mind.

> *If the client develops a personal dependence on the interpreter, the interpreter should not accept any other interpreting assignments related to the case, including interpreting for the court or for any other party in the case. Such advocacy and dependency creates a conflict of interest for the interpreter, and the interpreter must reveal that conflict to the legal service provider and to the client* (Framer et al., 2010, p. 28).

What to do differently in legal settings regarding impartiality

Although some of the advice in this section applies in community interpreting as well, the admonitions you see below are much, much stricter in legal interpreting.

- **At no time may you give the client advice,** legal or otherwise. Giving advice could be construed as unauthorized practice of law, potentially a crime in some countries.
- **If the lawyer, official or any legal services provider leaves the room, leave the room yourself,** to avoid being alone with the client.
- **Never provide** personal opinions, even to the lawyer.
- Direct the parties to speak to each other, not to you. (Even lawyers may ask you questions during the session. Try politely to discourage such questions, clarifying your role as needed.)
- If you know the client personally, inform the legal services provider immediately of the potential conflict of interest and offer to withdraw. Remain to interpret only if urged to do so and you feel you can remain impartial.
- Decline any assignment about which you have strong biases or feelings.
- Avoid disclosing even casual personal information to the client. For example, do not answer common questions such as, *Are you married? Do you have children? Do you go to church? Which one? Where do you live? Can I have your phone number in case I need to relay something to the lawyer?*

Scope of practice/role boundaries

General guidance regarding scope of practice

> **Canon 7: Scope of practice**
>
> *Interpreters shall limit themselves to interpreting or translating, and shall not give legal advice, express personal opinions to individuals for whom they are interpreting, or engage in any other activities which may be construed to constitute a service other than interpreting or translating while serving as an interpreter* (Hewitt, 1995).

Your only role in legal interpreting is to enable others to communicate. Limit your activities to interpreting.

While you interpret, you may:

- Request permission to clarify an unfamiliar term or regionalism.
- Ask for a moment to consult a bilingual dictionary or other resource.
- Request that speakers slow down or repeat or rephrase a statement.
- Correct your own interpreting errors, or notify the legal services provider when you are concerned the appointment has become too difficult for you to interpret accurately.
- Request clarification when it appears there is a complete breakdown in communication.

As an interpreter in legal settings, you may *not:*

- Explain forms or services.
- Give suggestions or recommendations, even when asked to do so by a lawyer.
- Advocate for the client.
- Answer a client's questions. (Instead, just interpret them.)
- Perform services other than interpreting for clients or for legal services providers.
- Ask if the client understands you. (You may however suggest that the legal services provider check for understanding.)

Also, it is critical to detach emotionally from the survivor and not show or express your judgments or feelings by intervening in any way to tell anything to the client or the lawyer about what you think. Here is what a lawyer reported about two interpreters:

> *There was an interpreter who was being condescending and questioning the authority of the [legal services] provider. Another interpreter was great but for some reason he was really condescending with this client and the client complained about it. The interpreter was telling her [the client] to speak louder and [then] telling her to speak softer and saying, "Answer the question. Why aren't you answering the question? The [lawyer] is here to help you."*

In the latter case, the interpreter (who was usually competent and kind) was an older male and the client was a younger male. The lawyer felt that this age dynamic may have influenced the situation, but the interpreter's behavior was both legally and ethically impermissible.

How to respect your scope of practice

Legal interpreting is more rigid than community interpreting. In legal settings, as discussed previously, interpret *everything* said or signed for all parties—including anything you say yourself. You will also need to decline any request to do anything other than interpreting for the survivor. As discussed above, do not answer a survivor's questions (interpret them) and *always* walk out with the legal services provider. (That last point is a good practice in community interpreting as well, but except in some hospitals it rarely happens.)

You should be aware, however, that lawyers, like clients or members of the client's cultural community, may exert pressure on you to exceed your scope of practice or overstep your role boundaries.

As one lawyer wrote:

> *Sometimes, lawyers exert pressure on interpreters to perform acts that go beyond the scope of an interpreter. The pressure is usually well intentioned or unintentional because the [lawyer] is not familiar with best practices of working with interpreters. In some instances, the [lawyer] may have worked with untrained interpreters or bilingual advocates in the past, and these untrained interpreters might have performed such services because they did not know that doing so was inappropriate. This is particularly true in the case of bilingual advocates or bilingual staff members who have a dual role that may include support services* (Framer et al., 2010, p. 56).

Therefore, become as familiar as possible with your legal and ethical requirements when you perform legal interpreting so that you do not go beyond your scope of practice.

What to do differently in legal settings regarding scope of practice

Client after the session

If the client approaches you after the session—and this behavior is extremely common in both community and legal interpreting—*immediately* lead the client back to the lawyer or other staff on site and interpret the client's statements or questions *even if they were directed to you privately.* It is critical to interpret those "outside the session" questions from the client, however innocent or mundane, due to the legal risks involved if you do not do so. **You are not qualified to assess the legal risks of speaking alone with the client.**

Even if the client asks you, "Where is the bathroom in this place?" while you may answer this trivial question, try to inform the staff before you leave that you did so. Transparency in legal settings extends beyond the session itself. There is no safe conversation (legally speaking) between the interpreter and the client except when that conversation is interpreted for the legal services provider and/or the staff member(s) who support that provider.

The temptation to exceed your scope of practice

Even in mental health settings, you may be tempted to help out the client when you shouldn't by explaining things or getting involved or doing favors. However, the temptation may be bigger in legal settings because at least therapists are exquisitely sensitive to the clients' needs (even if you don't always understand the therapist's behavior).

However, while lawyers know what they are doing when it comes to the legal strategy, they are not usually trained to handle the emotional complexity of working with survivors. And that is often a hard reality for the interpreter to cope with. Here is what one lawyer reports about other lawyers who work with survivors.

> *I had a client who was shuttled back and forth, back and forth between [lawyers]. She wouldn't show up with documents. She was rude. She was unappreciative. But every time she would meet a lawyer it would trigger classic PTSD, classic avoidance. So many of our clients are not responsive, and I think a lot of that has to do with retraumatization. I don't think it's that the clients are rude. Things are coming up, they're putting obstacles in the way of being helpful and I feel like a lot of that is to do with maybe depression or being retraumatized.*
>
> *Most lawyers have had basic "DV 101" [training in working with survivors of domestic violence], but I think beyond that when it comes to war trauma and deeper issues of trauma and being wary of authority, I think a lot of lawyers need [specialized training].*
>
> *Even seating, if you're behind a desk. A lot of [lawyers], their desk is against a wall. I tend to sit on the other side of the table. Anything beyond a desk seems frightening, hierarchical. The positioning of the interpreter [is important] but also the position of the provider. Legal services providers have so many clients that they can't take a lot of time, but little things make a big difference.*

Nevertheless, no matter what happens and however you feel about wanting to support the client, resist the temptation to help out the client or exceed your scope of practice.

A special note about forensic medical exams and interviews

Forensic medical exams (for example, to assess whether there is any physical evidence of torture to support an asylum case) and forensic mental health appointments (where a psychological evaluation is being prepared for court) are examples of legal, not medical, interpreting, and they can truly challenge you.

The purpose of such exams is not to make the client feel better but to gather any possible medical evidence, such as trauma, scars, tissue damage or a broken bone, that might corroborate the survivor's story. A psychiatrist may be involved with these interviews. A doctor may oversee the physical exam. But in either case, the medical personnel may or may not be deeply specialized in working with survivors, so their sensitivity to survivors may vary.

However, such exams can be traumatizing for the client and difficult for you. For example, the client might start displaying symptoms of dissociation during such an interview, but there may be no therapist present to assist, making you feel under a burden to help the client cope better with the exam.

Here are a few points to prepare you psychologically and help you stay within your scope of practice for forensic medical exams or other legal medical interpreting:

- You are likely to hear some graphic material. Prepare yourself.
- The length of such appointments can vary greatly. A forensic medical exam might be scheduled for a certain time but be cut short if the client is retraumatized. Sessions can typically last 50 to 90 minutes but there is no true standard length.

- If clients have to travel a great distance, the appointments might be longer.
- There may also be a session before the first appointment to prepare the client psychologically for what this type of exam entails.
- Some examiners may actually be trying to help the survivors by preparing them to be able to talk about the torture in court.
- Sometimes an exam can take place the day before a court appointment and the client can even at that late date reveal medical information that is not yet in the record, such as sexual torture.
- The client may then need to authorize the examiner to share this information with the client's lawyer so as not to compromise the court case if questions arise in court about this new information. (This is a common problem. Why didn't the client reveal the sexual torture earlier, to the lawyer or asylum officer? Often the stigma and sense of shame was just too strong.)
- In addition, some lawyers have discomfort of their own with these issues, and perhaps the client is not in therapy, meaning that big revelations can emerge during a medical interview for the first time, and you need to be aware that when they do, this can be an emotionally wrenching experience for the client, for the examiner and for you.

Another special note about lawyers

Some lawyers have more difficulty than others asking survivors questions and gathering information and details about torture and other major trauma. Some lawyers get overwhelmed. Some may experience their own vicarious trauma from hearing these stories. (As one psychiatrist said about lawyers who work with survivors, "Not everyone is cut out for that. And you don't always know what to expect.")

In some cases, medical personnel will train court staff and lawyers to get the information they need without throwing clients into "decompensation" or retraumatization. But in general, in legal services it can be difficult for you to know what you will hear and see.

These are the kinds of pressures that can lead you to exceed your scope of practice and want to help the client. Remember that you still must not do so, and why.

Optional Activity 7.1 (b): Case studies

Instructions for classroom

1. Divide into groups of three.
2. Read the case studies below and answer the questions after each study.
3. Discuss your group's answers with the rest of the class.

Instructions for self-study

1. Read the case studies below and answer the questions that follow each study.
2. If possible, discuss your answers with other interpreters studying this manual.

Case study 1

Interpreter: *In one case, I was the second interpreter brought in for a lawyer-client interview because the client didn't feel comfortable with the first interpreter for reasons I never understood. When I got there and interpreted for this asylum applicant, about halfway through I became 100 percent sure he was lying. He was just making up a torture story to get asylum.*

Background: This problem does happen. Some clients lie, and it's the lawyer's job to determine whether or not the applicant is lying. Based on the interview, the lawyer will have to make a decision.

Discussion question 1: What would you do in a case like this? Simply interpret the session, withdraw, or interpret but let the lawyer know afterward that you felt sure the client was lying?

Discussion question 2: Would your decision be different if this case were an interview with an asylum officer and not a lawyer-client interview?

Case study 2

Interpreter: *I was interpreting for a survivor and an asylum official. The official was asking detailed questions about the torture when the survivor's eyes went blank and glazed and I got very worried. And then the client stopped answering: just went dead silent. The asylum official was pretty patient, but I was worried the silence would sink the case. So I told the client in his language, "You have to answer the question."*

Background: A remote interpreter was listening in by telephone to be sure the client's interpreter was accurate. The remote interpreter jumped in and told the asylum official, "The interpreter just told the applicant to answer the question," making the asylum official angry.

Discussion question 1: Did the interpreter do anything wrong?

Discussion question 2: If so, state what the interpreter should have done instead.

Case study 3

Interpreter: *I'm with a lawyer and a survivor, and the survivor is describing what happened to her in prison and it's pretty graphic. I actually thought I might throw up. So I told the lawyer I had to take a 10-minute break, and he got mad at me. But the survivor was just saying, "Please, please, it's OK, she can go."*

Background: The reason the lawyer was upset was that the client was just getting to the most important part of her story for the first time. (The client had had some emotional problems opening up to the lawyer before this meeting.) As a result, for the lawyer, the problem was not that the interpreter needed to take a break. The problem was the timing of the break.

Discussion question 1: Did the interpreter do anything wrong?

Discussion question 2: Was the lawyer right that the interpreter's timing was poor? If so, what legal interpreting issues are at stake?

Discussion question 3: How could the interpreter have handled the situation a little better?

Case study 4

Interpreter: *After the appointment, the client left and the lawyer asked me, "I was a bit confused in there. What are the cultural issues I should know about? Do people in that country think violence is an everyday way of life?" I told him that while there was a great deal of violence going on there during the war, I really couldn't comment on cultural issues.*

Background: Afterward, the lawyer phoned the nonprofit interpreter service that sent the interpreter and told them, "Look, I'm not asking for the moon. I just wanted this interpreter to tell me a little about some of the cultural issues around violence in that country, and she blew me off. If I'm going to make a strong legal case that this client was tortured, I need to get as much information as possible." The interpreter services coordinator (also a lawyer) then explained that legal interpreters aren't allowed to explain cultural issues, and the lawyer is always the one who needs to do that research. Lawyers shouldn't rely on the interpreters. But this nonprofit interpreter service had already dealt with that same complaint a few times from several lawyers, so they were aware that this situation was common and difficult for the interpreters to manage.

Discussion question 1: How do you think the interpreter handled the situation?

Discussion question 2: How could she handle it more effectively in future, in a way that does not upset or anger the lawyer?

Section 7.2: Legal requirements when interpreting for survivors

Objective 7.2

After completing this objective, you will be able to:

Discuss how legal requirements impact the role of the interpreter.

This objective addresses two critical subjects:

- What legal requirements greatly affect you when you interpret for survivors in legal settings?
- What impact should these requirements have on your decision-making about how to handle difficult situations?

Legal requirements and the role of the interpreter

General concerns regarding role

The proper role of the interpreter is to place the [individual who is not fluent in English], *as closely as is linguistically possible, using the terminology most accessible to the defendant, in the same situation as an English speaker in a legal setting* (González, Vásquez, & Mikkelson, 2012, p. 411).

This famous quotation is from the second edition of a book considered by many as the most important textbook of legal interpreting in the United States. It makes clear that it is not your job as a legal interpreter to help out the client. Your job is to interpret in such a way that everyone understands each other *only as well as a native speaker would in a legal setting.*

Many clients who are native speakers of the language are also confused by legal settings, and they don't have interpreters to help them. Neither should you help out the client—even outside the courtroom. Helping clients in legal services is the lawyer's job, not yours.

If you focus on the three legal interpreting canons just discussed about accuracy, impartiality and scope of practice/role boundaries, these requirements can help you avoid many legal problems and legal liability for your interpreting mistakes. You will also avoid making many errors of legal protocol.

All other ethical requirements for legal interpreters are also important. When you interpret for survivors, however, these three are essential.

Adversarial vs. non-adversarial settings

Here is another important point to keep in mind. Legal interpreting arose from court interpreting. Court interpreting is only one part of the much larger field of legal interpreting, and most legal interpreting does not take place in a courtroom.

However, most of the professional culture and ethical requirements of legal interpreting arose in the first place because *the laws that govern legal interpreting in many countries were developed in response to the adversarial nature of most court interpreting*.

That said, outside the courtroom, much and perhaps most legal interpreting takes place in a *non-*adversarial setting. For example, a legal services provider such as a lawyer is almost always trying to *help* the client. This means that when you are interpreting for a lawyer, your behavior does not need to be quite so rigid as in a courtroom or an immigration hearing: You have a little more freedom and flexibility.

The need to avoid intervening where possible

Where flexibility outside the courtroom becomes risky is when you stop interpreting and intervene to speak *as* the interpreter. In general, until you have formal training in legal interpreting in non-courtroom settings, *avoid intervening as much as possible due to the legal risks involved*.

If you do need to intervene because communication is breaking down with potentially serious consequences (for example, someone has just said something you really do not understand), here are a few simple guidelines to follow.

Transparency

Transparency is critical when intervening. Remember that transparency doesn't just mean interpreting what everyone says or signs: It also means interpreting every utterance that you make yourself when you intervene.

While this is true in other settings, the stricter and more rigid requirements of legal interpreting make transparency a strong requirement. For example, an interpreter's lack of transparency may raise legal suspicions and could even result in the reversal of a case or an appeal based on the interpreter's conduct.

Interpreting for immigration hearings or interviews

- Do not intervene except to ask for clarification, *if you are **permitted** to ask for clarification,* and to correct any errors you may have made as soon as you are aware that you made a mistake.
- Do not *offer* clarification at any time during an immigration hearing or interview.
- In general, simply interpret and do not intervene.

Interpreting for lawyer-client interviews, with paralegals, for immigration representatives and in other non-adversarial meetings

- Intervene as rarely as possible.
- If something is unclear, identify the communication issue just as you were taught in Module 5, then invite the *provider* and the *client* to address it by asking questions or providing information. Do not give information yourself.
- Avoid offering explanations of any kind.
- *Do not "explain" cultural issues in legal settings.* (Best practice is to avoid explaining cultural issues in any setting, but the legal risks involved make this common practice far more dangerous in legal interpreting.)
- Avoid answering questions from the client during the interview: Instead, interpret the questions (e.g., "How do you think my case is going?") or *report* them (e.g., "The client just asked me, as the interpreter, how I think his case is going.").
- If possible, avoid answering questions from the lawyer during the interview by asking for a briefing with the lawyer ahead of time to discuss how the interpreting will proceed. If you work with an agency, see if they can arrange the briefing with the provider.

Linguistic vs. cultural mediation

In many countries, you may not perform cultural mediation in legal settings. During the session, simply interpret cultural questions and do not answer them. If a lawyer asks you about cultural issues, during or outside the session, advise the lawyer that you are not qualified to discuss culture.

However, if the lawyer asks you outside the session, you can help the lawyer to *identify* the right questions to ask the client and offer to interpret those questions for the client. (In other words, instead of explaining the cultural issue, guide the lawyer to frame the questions that will clarify *what that cultural issue means for the client.*) For example, you could say, "You might wish to ask the client about naming practices (or marriage customs for widows or rituals surrounding birth, etc.)." But you still may not "explain" the cultural issue yourself as you might be mistaken and such explanations lie outside your role.

You may however, as Module 6 explains, discuss **culturally bound terms.** In other words, you would not be explaining culture but clarifying the meaning of a cultural *term*. The difference between performing cultural mediation per se and clarifying culturally bound terms is that you are focused on the linguistic envelope, the communication or transfer of *linguistic* information, and not discussing culture per se in broader terms.

Such terms as ambiguous kinship, geographic or religious terms, different measurements or periods of time, holidays and cultural practices are examples where terms or phrases used by a client can cause confusion. It may be better to bring these issues up and clarify them immediately rather than wait until they cause misunderstandings.

That nuance of giving general linguistic guidance without giving cultural information is sometimes hard to grasp. Here is some clear practical advice from a lawyer who runs a legal interpreter interpreting service.

> *The interpreters are still feeling the pressure to act as cultural interpreters. They are being asked for cultural information and they just feel they have to [give it]. A couple of lawyers called because [the interpreters] weren't providing cultural information. Interpreters have to draw a hard line, even during the preconference. The interpreters come across as unwilling, so some are leaning toward giving cultural advice.*
>
> *During the session, I think it's clear that there is very limited scope for intervening and cultural mediation. It's in the preconference, the conversations that happen before and after [the appointment]. How much can the interpreter do? One extreme is being completely noncommunicative. "I'm only here to [interpret] and that's it." And the other extreme is, "Tell me more about this client and I can help you. What's going on?" I think the interpreter can have a very general conversation. "Please don't rely on me for making up your mind. Yes, generally speaking women from this culture tend to be more conservative."*
>
> *Don't shut down the conversation immediately but don't give information. "I think it would be great to explore this with the client." Keep pushing it back [to the client] but [don't] shut the conversation down immediately. Talk about the issue without giving information but confirming what is common knowledge "Yes, women from Saudi Arabia tend to be conservative, but there's a lot of diversity."*

Be extremely careful if a lawyer asks you for cultural guidance. Culture is one of the riskiest areas when you interpret for survivors, perhaps especially in legal settings. Remember what you learned in Module 6: *The only cultural expert on the client is the client.*

Gender

Gender is another consideration to keep in mind when performing legal interpreting for survivors. While this is also an important consideration in mental health and medical interpreting, in general the providers in those two areas tend to be more aware that it may be important to ask for an interpreter who is the same gender as the client. That is not always the case in legal interpreting and the gender issue can be particularly delicate for survivors.

Female interpreter and client

A lawyer who supervises a nonprofit legal interpreter bank offers you, the interpreter, the following information and advice:

> *If it's a female client I would make sure to send a female interpreter even if the lawyer hasn't requested that. You can't go wrong with a female interpreter for a female client. Pay attention to gender even if the lawyer doesn't. Some lawyers don't. A lot of the lawyers who request interpreters are younger, and they're not thinking about all the angles.*

Activity 7.2 (a): Excerpt from *Well-Founded Fear: Tales from Real Life*

Instructions for classroom

1. If possible, watch an excerpt from the film *Tales from Real Life* (a companion piece to *Well-Founded Fear*). These films may be available online through The Epidavros Project at https://epidavros.org/tales-from-real-life.
2. Note that this video documentary provides an inside view of what takes place in an asylum office at the former U.S. Immigration and Naturalization Service, which is now known as the U.S. Citizenship and Immigration Services (USCIS).
3. In pairs or small groups, discuss the interpreting problems you observed.
4. Now answer this question: In your opinion, what should the interpreter have done?

Instructions for self-study

1. If possible, watch the film described above.
2. In your journal, write down any interpreting problems you observed.
3. If you can, discuss what you observed with anyone else who has viewed the film, compare your answers and see if you agree with each other.

Activity 7.2 (b): Role plays—Decision-making in legal settings

Instructions for classroom

1. Study the information below before executing the role plays.
2. The person who plays the interpreter will not look at the script.
3. In groups of three, execute the three role plays.
4. Let a different person play the interpreter each time.
5. If any time remains, go back to the first role play with a different person playing the interpreter.

Instructions for self-study

1. Study the information below before executing the role plays.
2. If you can, ask two friends or adult family members to help you by playing out the scripts for each of the role plays below, while you play the interpreter without looking at the script.
3. Either interpret everything you hear into your other working language or, if possible, have one of the other two role players sight translate the client text into your other working language.
4. If you cannot execute the role plays, then study the scripts below.
5. After acting out or studying the scripts, think of how you would handle each of these scenarios. What would you do, as the interpreter, in these situations? Why?
6. If possible, discuss your experiences in the role play with other interpreters studying this manual.

Information for the person who plays the interpreter:

Role play 1: Each time the client tells the lawyer "them" or "they," you are fairly sure that the client is speaking about an armed political faction called The People's Warriors. But the client never says so.

Role play 2: You are aware that a "closing ceremony" involves a ritual where someone sets up a shrine to a dead family member and makes a certain kind of sacrifice to honor the person's spirit and take it to peace and a safe space in the afterlife.

Role play 3: The two elders who approach you to tell you what to do *are respected elders in your cultural community*. If you offend them, it will cause you problems as an interpreter and also personal problems for you and your family. In your culture, you are supposed to support, respect and obey the elders of your cultural community and treat them with great honor.

Role play 1: Who is them?

Client: It was a terrible day. I can't stand to think about it. Because they came to my house. They killed everyone in my family.

Lawyer: Who do you mean, "they"?

Client: (*turning away*) Since then, I just can't trust anyone. Even you. Because back when I was

living in my country, I played with them, so I could trust everyone. But that day the neighbors and them, they came to my house and took my father and mother and killed them.

Lawyer: (*softening voice*) I'm sorry. I know this must be hard on you. Can you tell me what group came to your house?

Client: (*staring into space with glazed eyes*) My sisters and me, we ran like mad, but then we lost each other. And they took me to a camp where people were terrible, they did those things to me, so now I can't trust anybody.

Lawyer: Interpreter, do you know what group he's talking about?

Role play 2: A closing ceremony

Client: After I was arrested, they stuck me in a room and took my clothes. Then they tied me up and put my hands behind my neck and they folded me.

Lawyer: Pardon?

Client: Yes, they did it in a tin little house like a shack. When it got cold, I froze. When it got hot, I fried. They didn't give me food or water. I just had to dig in the ground and eat whatever I found, like bugs. I wasn't the only one either because there were a bunch of us in those horrible tin shacks. Probably all folded like me. Now I have nightmares and dark rooms scare me. I can't sleep unless I keep the lights on.

Lawyer: So "folded" is a torture method?

Client: Yes, they put you in a little box and fold you up. My friend, they broke his back in that box from hell. But then I escaped with my brother. I had to stay hiding for weeks but I was hungry and my brother and I, we came out to look for food or water. The soldiers shot my brother and I ran away so they wouldn't see me. He didn't die but I was hiding. I watched them kick him and one guy said to kill him. The other guy said, "No. Just leave him to rot." I was so scared I peed, and I was stuck hiding because the soldiers hung around, they didn't leave. I wanted to help my brother but I couldn't. And when they left they set the town on fire so I had to run. That was the last time I saw my brother. (*Survivor cries.*)

Lawyer: I'm sorry to hear that.

Client: And his spirit will haunt me forever because I didn't do the closing ceremony.

Lawyer: The what?

Client: And that means his spirit will never leave me.

(*The session ends a few minutes later and the lawyer is alone with the interpreter.*)

Lawyer: Interpreter, can you tell me what a closing ceremony is? Is it like a memorial service or something in that country?

Role play 3: Cultural respect

Elder (in the interpreter's cultural community) 1: We need you to help our brother, Ansi. He has a big hospital bill.

Elder 2: Yes, you need to help our brother, Ansi.

Elder 1: You know. Ansi, the one you interpret for with the lawyer. Just go to the hospital and talk to them to make the big bill smaller, or maybe they will not make him pay at all.

Member's father: Yes, your English is so good, and you understand the American way of things. You must help our brother, Ansi.

Optional Activity 7.2 (c): Legal interpreting quiz

Instructions for classroom

1. In small groups, discuss each question listed below.
2. Write your own answers.
3. See if everyone in your group agrees with your answers.

Instructions for self-study

1. Review the questions below.
2. Consider your answers and write them down in your journal.
3. If possible, discuss your answers with other interpreters studying this manual.

Questions

Q. 1. If a client quotes the obscenities and racial epithets/insults he heard, would you interpret every word exactly as said?

Yes No Maybe (depending on the case)

Q. 2. If a client describes graphic torture with physical and verbal details, in your opinion, should the interpreter...

a) Soften the language a little?

b) Describe what is said in general terms but omit curses and some physical details (e.g., "He's describing how the interrogators beat him up.")?

c) Interpret everything as it is said or withdraw politely?

d) If deeply traumatized, use personal discretion and choose what to interpret or edit as needed?

Q. 3. If a client hesitates and garbles the testimony, you would...

a) Interpret it in a clear and easy-to-follow narrative so that everyone understands it.

b) Make the utterance more understandable by adding clarifying information if necessary.

c) Faithfully replicate all hesitations and disjointed speech in the target language.

d) Edit testimony that might get the case thrown out to make it sound better (to protect the client).

Q. 4 If the lawyer in a private lawyer-client interview leaves the room, you would...

a) Walk out the door with them.

b) Ask the lawyer to stay.

c) Remain alone with the client but refuse to speak to them.

d) Remain alone with the client and make small talk.

Q. 5 If the lawyer in a private lawyer-client interview is using many legal terms you can't interpret, you would...

a) Interrupt each time and ask for clarification.

b) Just keep going and do the best you can.

c) Respectfully withdraw because the session is too difficult for you.

d) Advise the lawyer that the terminology is too difficult and ask if they would like to request another interpreter to replace you.

Section 7.3: Lawyer-client privilege

Objective 7.3

After completing this objective, you will be able to:

Discuss lawyer-client privilege and confidentiality in legal interpreting for survivors.

Definitions

Before we address the important topics covered in this objective, here are a few important definitions to review from Framer et al., 2010, p. xi*f*. They were written by lawyers in consultation with national legal interpreting experts.

Lawyer-client privilege: *Protection of confidential communications between a client and her lawyer, invoked according to rules of evidence in response to a request, during a court case, for the disclosure of confidential information.*

Confidentiality: *Practice of treating information as private. Confidentiality is one of the key elements of the lawyer-client relationship and of the interpreter's relationship with both the lawyer and the lawyer's client.*

Unauthorized Practice of Law: *Legal services that are not provided in accordance with the relevant Code of Professional Responsibility, or are provided by individuals who are not licensed to practice law in that jurisdiction, whether or not they have attended law school or are authorized to practice law in another jurisdiction.*

Confidentiality

General guidance regarding confidentiality

Canon 5: Confidentiality

Interpreters shall protect the confidentiality of all privileged and other confidential information (Hewitt, 1995).

The following commentary on confidentiality (Canon 5 is part of the "Model Code of Professional Responsibility for Interpreters in the Judiciary") was developed by lawyers working with national, expert court-certified interpreters to assist legal interpreters in lawyer-client interviews, nonprofit legal services and other non-courtroom settings in the U.S. However the same canons apply in most other jurisdictions. This commentary was published in Framer et al., 2010, p. 28*f*.

Interpreters working within the attorney[26]-client context are responsible for adhering to the attorney's ethical duty to maintain client confidentiality. Interpreters must not disclose information deemed confidential by statute, case law, attorney ethics rules, or court rule or policy. Any and all information disclosed by the client, including the name of the client may be considered confidential and should not be disclosed. The interpreter should consult the legal service provider before disclosing any information to anyone other than the legal services provider or the client (including family members or friends of the client).

The interpreter, acting solely as a professional interpreter, is included within the attorney-client privilege. This privilege protects the attorney and the interpreter from the possibility of being subject to a subpoena, or forced to testify, about the information disclosed by the client. The privilege protects the client, allowing her/him to talk freely with her/his legal services provider. The privilege is owned by the client, and is eternal. The client is the only person with the authority to waive the privilege.

It is essential that the interpreter not disclose to a third party any information learned in the course of communications with the attorney and/or client, as doing so may place the client in jeopardy. The interpreter must not reveal even general information such as the name or address of the client, as that may jeopardize confidentiality, attorney-client privilege, and/or the safety of the client. This would be a serious breach of interpreter ethics and could result in litigation against the interpreter, loss of interpreter certification or accreditation, loss of the legal service provider's license, and untold harm to the client.

In the event that an interpreter becomes aware of information that suggests imminent harm to someone or relates to a crime being or about to be committed, or if a client asks the interpreter to violate the law or to discuss the case outside of the interpreting context, the interpreter should immediately contact the legal service provider for advice.

If the interpreter has any questions about what information is confidential and/or privileged, he or she should err on the side of caution and assume that the information is privileged. The

26 "Attorney" is a U.S. synonym for "lawyer."

interpreter should request advice from the legal services provider, and defer to her, regarding any disclosure of information.

Examples

- *Leave any notes taken during the session with the attorney.*
- *The only notes that the interpreter may carry away are those that list new legal terms, case numbers for the interpreter's reference, or other information that belongs to the interpreter alone.*
- *Uphold confidentiality and attorney-client privilege at all times. If the interpreter were to be required by law to break confidentiality or violate the attorney-client privilege (for example, if the interpreter receives a subpoena to testify in court), consult first with the attorney involved in the case or with the interpreting agency that dispatched you, who will in turn contact the attorney or their organization. Subpoenas are a request for information. The attorney can determine if it is appropriate to challenge the subpoena.*
    - *Note: If the interpreter is legally required to respond to the subpoena (which can happen even if the language service that sent the interpreter to that assignment received the subpoena), the interpreter will have to rely on legal advice. In the U.S. and Canada, for example, the interpreter can only state that they interpreted at a particular date and time and location; the interpreter may clarify their ethical duty to keep confidentiality and that they may have taken a court oath to do so. The interpreter may also, if needed, clarify that the interpreter does not have an accurate memory of the encounter.*
- *Avoid speaking with clients outside the session. Depending [on] what is said, speaking with clients out of the lawyer's presence could result in accusations of the unauthorized practice of law, particularly if the interpreter's statements are construed—or misconstrued—as advice. Other risky implications include the possibility that such conversations are not covered by attorney-client privilege, because an opposing party's attorney might then subpoena the interpreter to testify about such conversations in court, potentially putting a case in jeopardy.*

  Attorney-client privilege and confidentiality

  While confidentiality is considered an ethical requirement in every sector of interpreting in every part of the world, it has particular importance in legal interpreting. Breaking confidentiality can have a dangerous impact on the outcome of a case. Interpreting for legal services providers increases that risk: the attorney's ethical duty to protect client confidentiality is intended in part to protect the client from harm by ensuring that the client will feel free to be open and honest with his or her attorney. Then the attorney can make strategic decisions and build a stronger case.

  Attorney-client privilege is a related issue. By law, information shared with an attorney is protected from discovery by the courts in any legal proceeding, but only if the information has not already been shared. Legal interpreters are included under the confidentiality umbrella of the attorney and covered by the attorney-client privilege for information interpreted for

the attorney. Interpreters who reveal confidential information outside the attorney's office, however, or who have side conversations or relationships with the client, may not be protected and may be found to have violated confidentiality and/or privilege

Activity 7.3: Lawyer-client privilege

Instructions for classroom

1. If you are able to do so, view the presentation of a U.S. immigration lawyer, Jean Bruggeman, about lawyer-client privilege. It may be available where you downloaded this training manual.
2. Your trainer will divide you into pairs and give you a blank file card.
3. If time permits, consult Objective 7.3 of this manual and Section 7.3, "Lawyer-client privilege."
4. With your partner, remembering the presentation you just watched, decide what you think are the two biggest points about confidentiality and lawyer-client privilege that you need to keep in mind when you interpret for survivors
5. Each of you will write down on your file card one of the two points you just discussed.
6. When the time is up, deposit your cards in the container the trainer indicates.
7. When the cards are redistributed, at the invitation of your trainer, read the content of the card you receive out loud.

Module 7 Review

Key points to remember

1. Never be alone with the client for whom you have performed (or will perform) legal interpreting.
2. Respect your role as a legal interpreter. Giving advice, opinions or cultural information to a client could be construed as a crime in some countries (unauthorized practice of law).
3. Follow the lawyer's lead. The lawyer is the client's advocate, and even if the behavior of lawyers may at times appear strange to you, follow that lead or serious legal consequences could ensue.
4. Know your legal interpreting ethics extremely well, particularly as they apply to accuracy, impartiality and scope of practice.
5. Do not summarize, change register, omit "bad words" or soften the client's or the lawyer's language.

Conclusion

To close this module, here are two pieces of lawyer advice to guide you in legal interpreting for survivors.

Question: What is your biggest advice for interpreters in this field?

> *I would recommend that they do as much research as possible beforehand, even if it's online, and sensitize themselves if possible. If they know where the client comes from and the topic of that session and just reading what's happened in that country, it's less shocking when they hear it. It's one thing to hear about rape and genital mutilation. It's another thing to [interpret about] mass rapes, mass graves. The kind of violence taking place. Read about the kinds of violence specific to that country. That would be helpful.*

Question: If you could wave a magic wand, what would you most wish interpreters in this field to be able to do?

> *Interpret clearly without showing shock, without expressing any shock or disgust while interpreting clearly and being able to do linguistic mediation* [clarification] *really well. That would be awesome! Because that's tricky, I think, and that's where they slip, getting [into] cultural mediation. So I think maybe being able to differentiate between cultural and linguistic mediation.*

Module 8:

Sexual and Domestic Violence

Introduction

Interpreting for survivors of sexual and domestic violence can be difficult and even painful. If the survivors have already had prior experiences with torture or war trauma, or the refugee experience in general, then sexual or domestic violence may be part of their past trauma—or part of their present life.

This module explores the impact of such violence on the interpreted session itself and offers practical strategies to help you interpret for survivors of sexual or domestic violence, whether past or present.

In some countries, the term "gender-based violence" is used to refer to cases of sexual and domestic violence. While some differences of meaning exist, for purposes of this chapter we will use all these terms (gender-based violence, sexual violence or assault, domestic violence); they will be discussed in Section 8.1.

The chapter also briefly addresses child abuse. It should be noted, however, that interpreting for children is in many ways a separate specialization. Interpreting for children can be quite different from interpreting for adults. If you regularly need to interpret for children who have been abused, try to seek out professional training on how to interpret for children.

Gender-Based Violence (GBV): A Definition

Gender-based violence is any harm based on power inequalities resulting from gender roles. It can manifest as sexual, physical, emotional or psychological abuse, or take the form of economic or political inequality. The overwhelming majority of cases involve women and girls.

—International Rescue Committee, 2008
www.rescue.org

This module will address first and foremost how issues of sexual and domestic violence affect survivors of torture, war and refugee trauma. That said, you can apply the techniques and information you learn in this module to interpreting for almost any survivors of sexual and family violence.

Interpreting for survivors of sexual or domestic violence is a demanding area for interpreters. If you are a survivor of family or sexual abuse yourself, you may wish to think carefully about whether you should interpret in this area. Even if you are not a survivor, you may face great ethical challenges and find it difficult to be impartial. For example, some therapists report that interpreters can become frustrated if they work with a domestic violence victim who remains with the abuser, and their frustration or judgmental feelings are visible in their facial expressions, body language or tone of voice.

Interpreters can also show judgment (often unconscious) in their body language when interpreting for survivors of sexual violence. The survivors who perceive these signs can feel judged or even retraumatized by the interpreters' responses.

Module 8 offers basic information, guidance and practice with a particular focus on role

plays based on real-life experiences. We will repeatedly emphasize your need to detach emotionally from the session. You are not there to assist the survivor in any other capacity but as an interpreter—a powerful role. By offering survivors communicative autonomy—the capacity to be responsible for, and in control of, their own communication—you are also giving them their own true voice. In this way, service providers and survivors can work effectively together.

You, the interpreter, hold great power. We ask you to use that power to support clear communication and survivor autonomy. In doing so, you offer a great and powerful gift to the survivors.

Learning Objectives

After completing this module, you will be able to:

Module 8: Sexual and Domestic Violence

- **Objective 8.1:** Discuss how the impact of sexual and domestic violence affects the interpreted session.
- **Objective 8.2:** Explore techniques for interpreting effectively for survivors of sexual and domestic violence.
- **Objective 8.3:** List specialized techniques to consider when interpreting for children who have experienced abuse.

What we hope to accomplish in Module 8

We hope that you come to appreciate the tremendous value of accurate interpreting for the survivor of sexual or domestic violence and the provider.

As interpreters, we do not ever wish to undermine or diminish the survivor's autonomy by taking over the session or trying to solve the survivor's problems. Interpreters help survivors most by giving them the power to speak for themselves so that, with the support of specialized providers, the survivors themselves can develop the skills they need to solve their problems and make their own informed choices.

Without communicative autonomy, that is, without being responsible for, and in control of, their own communication, survivors lose their own healing process.

A True Story

A therapist-in-training reports the following story about an interpreter in a session with a nurse and a domestic violence survivor.

We did have one interpreter who just broke down in a session because the woman's trauma was so similar to her own trauma. The nurse told her, "That's OK, we can stop the session, or you can let us know if you want to go on."

If you interpret for a session with a therapist or healthcare provider and find yourself traumatized because the client's experience mirrors an experience of trauma you had yourself, be sure to try and debrief with the provider right after the session, if possible.

This loss of communicative autonomy can also undermine their meaningful access to the services that can help them on their journey to regain control of their own lives and health and future.

Be aware, however, that in this area of interpreting, you may feel greater pressures (internal or external) than in any other arena to help out the survivor or take responsibility for tasks other than interpreting. Remove that burden from your shoulders. The greatest gift that you will give to survivors is their own true voice: When they speak to the professionals who support them, survivors will communicate and understand them, thanks to you.

You may think we are overemphasizing the obvious. You might be surprised by the countless number of times we have heard about interpreters getting involved, giving advice to survivors or otherwise helping out (with survivors of domestic violence in particular). This worldwide problem is widespread and almost staggering in scope. Often, interpreters are proud of helping survivors.

You cannot solve the survivor's problems, nor should you try to do so. It is quite common to feel frustrated at times when you interpret for survivors of domestic or sexual violence who do not appear to be helping themselves, but the best help you can give the survivor besides a voice is to support the *therapeutic alliance* (if you interpret for therapists) and the survivor's relationship of trust with all professional service providers, including case managers, lawyers, doctors and social workers. Just as with other survivors of torture and major trauma, you *serve them best by interpreting accurately yet with compassion and sensitivity.*

For survivors of sexual and domestic violence, providing accurate interpreting without the interpreter's emotional involvement, judgment or interference is *critical*. By stepping out of your role as interpreter, you may damage the process of recovery or the survivor's access to justice.

Interpret well, and you can become an instrument of healing and justice.

Section 8.1: The impact of sexual and domestic violence

Objective 8.1

After completing this objective, you will be able to:

Discuss how the impact of sexual and domestic violence affects the interpreted session.

Understanding the impact of sexual violence

In this section, you will first explore the impact of the survivor's history of sexual violence on the interpreted session. Then you will examine the impact of a history of domestic violence on survivors.

Sexual violence

> *Sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes: forced or alcohol/drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; nonphysically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third* (CDC, 2014).

In this manual, sexual violence refers to a number of crimes that include rape, sexual assault, child sexual abuse, genital mutilation, sexual humiliation, forced pregnancy, forced and child marriages and forced prostitution, including military sexual slavery and human trafficking.

An overview of gender-based violence

Sexual violence is one of the most painful forms of gender-based violence. It is therefore important to have a general understanding of gender-based violence. The following overview is reproduced with permission from Goodsmith and Acosta (2011, pp. 2-3). It is a clear, enlightening overview of the nature and impact of gender-based violence as it affects survivors in conflict zones, including survivors of torture, war and refugee trauma.

> *Gender-based violence (GBV) is one of the most pervasive forms of violence linked to conflict and crisis-affected settings. Gender-based violence can be sexual or physical; it may take the form of emotional or psychological abuse, or economic or political inequality. The overwhelming majority of cases involve women and girls…Gender-based violence in conflict has been reported in myriad settings worldwide, and from ancient times to the present day.*
>
> *Gender-based violence occurs during all stages of conflict. During the emergency phase, most reported incidents are cases of sexual violence. During the 1994 genocide in Rwanda, the majority of Tutsi women experienced some form of gender-based violence, and 250,000-500,000 were raped… Sexual violence in conflict can be uniquely brutal: examples include rape, gang rape, rape with objects, sexual slavery, forced impregnation, and intentional infection with*

Interpreting for an Asylee

After listening to your webinar [about Healing Voices*] I certainly understood my depression more, and it made me think this has been an extraordinary team of people. Because the client was at a point in her life where she could talk, so she said everything. The beatings, the prostitution, the killings.*

Emotionally you go in for a regular interview, and things come out that you weren't expecting. I can see over the course of time how the three of us became a team and worked to get the best for the client.

—U.S. interpreter

STIs, including HIV…The conflict in the Democratic Republic of Congo is marked by extreme sexual violence on an unprecedented scale…

In some instances, the very individuals who should provide help—peacekeeping forces, aid workers, and police—perpetrate sexual abuse and exploitation (SEA). For example, police and male residents in refugee camps coerced women fleeing Darfur into providing "sexual services" in exchange for protection…Increased incidence of gender-based violence has also been reported in the wake of natural disasters, such as the 2004 Asian tsunami and post-earthquake Haiti… Men and boys may also experience sexual violence during crisis.

During relatively stable phases of conflict, reports of intimate partner violence (IPV) escalate in camps for refugees and internally displaced persons (IDP); such violence is often fueled by the loss of livelihoods and traditional roles, alcohol and drug abuse…The fracturing of relationships and social roles, compounded by lack of employment, can lead men to abandon their wives and children. Women and young girls are often forced into prostitution or assaulted when they seek firewood or water…or when they work as domestics outside the camp. Others may be trafficked, or tricked or coerced into moving to a new area and forced to work for little or no pay…

Conflict compounds the violence that women and girls struggle with during times of peace. Many of the types of gender-based violence found during the conflict and post-conflict periods also exist pre-conflict and they are based on unequal attitudes and practices toward women. For this reason, efforts to prevent gender-based violence must extend beyond the conflict period, and must address the socially-entrenched norms that perpetuate violence against women and girls…

Gender-based violence is rooted in unequal gender relations that existed before the onset of conflict. As a result, it continues at all stages of conflict and even after the fighting ends.

Various forms of sexual violence

Harmful practices

When we speak of "sexual violence" many people think of rape, molestation and the more familiar forms of sexual assault discussed in Western nations. However, particularly among refugees, asylees and asylum seekers, there are other categories of sexual violence they may have experienced that are less well known. These include harmful practices such as genital mutilation, forced marriages, child marriages, widow inheritance and wife sharing.

The following information is again quoted with permission from Goodsmith and Acosta (2011, pp. 3-5).

The phrase "harmful practices" is used by many organizations to describe customs that affect people in negative ways…Many harmful practices are also forms of gender-based violence. Examples of harmful practices include widow inheritance, female genital cutting/mutilation, female infanticide, neglect or differential treatment of female children, forced/early marriage, dowry-related abuse, wife-sharing, and honor killings.

In crisis and conflict-affected settings, communities may respond to social disruption and displacement by strengthening cultural practices, including harmful ones. Female genital cutting/mutilation is sometimes "revived in refugee settings as communities embrace traditions more fervently in an attempt to reassert their cultural identity"…Reclaiming traditional practices may also represent a wish to "maintain a sense of continuity during a turbulent time,"

Female genital cutting/mutilation

Female genital cutting/mutilation *(also known as excision or female circumcision) involves cutting away all or part of the external female genitalia. An estimated 130 million women worldwide have undergone genital cutting, and 2 million girls undergo the practice each year. Consequences may be immediate (shock, severe pain, hemorrhage, ulcerations) or long-term (cysts, abscesses, keloid scars, damage to the urethra, painful sexual intercourse), and may also include psychological trauma. The most severe form, infibulations (sewing closed the labia majora (outer lips of the vulva)), may cause complications in childbirth or infertility.*

Forced and early marriage

Early marriage, *defined as marriage before the age of 18, is widespread in many regions and especially South Asia and sub-Saharan Africa. The young age of many child brides—some as young as 6 or 7—negates the concept of consent. Early marriages, which may also be forced, result in early and/or frequent pregnancies and consequent health problems. The practice has been linked to extremely high maternal and child mortality rates in parts of Asia…Early/forced marriage also raises young girls' risk of HIV/AIDS infection. Girls married at a young age usually lose access to schooling and life opportunities. Many experience abuse and violence in the union.*

Widow inheritance

Widow inheritance *involves the marriage of a widow to a designated man in her husband's family, often the brother of the deceased. Belief in sexual rituals to "cleanse" a widow may be involved. Widely practiced in Eastern and Southern Africa, the practice has contributed greatly to the spread of HIV/AIDS. A related practice in some settings requires the sister of a deceased or infertile wife to marry or have sex with her brother-in-law, the widower/husband.*

Wife sharing

Wife sharing, *in which a married woman is expected to be sexually available to her husband's friends, or male relatives, is practiced in certain parts of East Africa, including Kenya, Rwanda, and eastern Congo. A related practice in some settings requires the sister of a deceased or infertile wife to marry or have sex with her brother-in-law, the widower/husband.*

Client after the session

HIV/AIDS

Conflict exacerbates gender inequalities that put women and girls at risk of HIV infection…During conflict, women are often lack[ing] *the means to protect themselves from sexual assault or contracting HIV. The particularly brutal nature of sexual violence and prolonged exposure via repeated rape and sexual slavery in conflict increase the risks of transmission…Transmitting HIV through rape may also be a deliberate act of sexual violence; during the 1994 Rwanda genocide, women were intentionally infected through assault by HIV-positive men.*

Consequences of gender-based violence

Sexual violence is a crime with many complex personal, emotional, social, cultural and spiritual consequences for the survivor. Consider some of the specific consequences of sexual violence (Goodsmith and Acosta, 2011, p. 5-7):

> *Gender-based violence, harmful traditional practices, and HIV/AIDS affect women and girls disproportionately…Gender-based violence can lead to death and physical injury, including serious reproductive health problems. Survivors may suffer mutilation of their sexual organs as well as ruptures between the vagina, bladder, or rectum, known as traumatic fistula. Caused by brutal sexual attack, this condition often occurs in conflict-affected areas. Other reproductive health consequences of gender-based violence include sexually-transmitted infections (STIs), and infertility. Unwanted pregnancy is a frequent result of rape, and may even be a goal of the perpetrator, as has been the case in Bosnia and Darfur. Rape brings risk of HIV infection, which increases with the level of physical trauma and frequency of assaults. Women in abusive relationships are also more likely to become infected with HIV…since their lack of social or economic options reduces their ability to refuse sex or insist on condom use…*
>
> *Compounding these physical effects, gender-based violence, harmful practices, and HIV cause psychological trauma…Survivors of gender-based violence have high levels of anxiety and pain and are at an elevated risk of suicide and mental illness…Rape survivors experience shame and stigma. The psychological effects of gender-based violence can be collective, as when combatants use sexual assault to instill terror in targeted communities.*

Gender-based violence, harmful practices, and HIV/AIDS are causally interlinked. Individually and in combination with one another, they can result in death, physical injury, emotional trauma, discrimination, and reproductive health problems.

In these ways and many others, gender-based violence, harmful traditional practices, and HIV injure individuals, families and communities.

Secrecy, shame and stigma

Silence is one of the greatest obstacles to helping survivors of gender-based violence and those living with HIV. Acts of gender-based violence and their physical, emotional and reproductive health consequences are frequently under-reported because of the shame and stigma associated with them. In addition, attitudes around gender are often deeply linked to cultural identity and family status. In many settings, incidents in the home are considered private, and to speak of them is perceived as a violation of social norms. Further, many traditional practices and acts of gender-based violence are carried out under conditions of secrecy. Some practices are actually associated with secret societies and clandestine rites, and to discuss them may be taboo…Other practices may have never been questioned, but simply accepted as "tradition."

Enforced silence exacerbates the psychological consequences of gender-based violence, harmful practices and HIV. HIV infections may be prevented if survivors receive post-exposure prophylaxis within 72 hours. Care for injuries, prevention of other sexually-transmitted infections and unwanted pregnancies should also be promptly provided. Fear of shame and stigma, however, can prevent women from seeking services, even if they suspect they have a sexually-transmitted infection…Above all, silence perpetuates "feelings of spiritual resignation"…and perpetuates the assumption that violence and exploitation of women and girls is inevitable…For all of these reasons, ending the culture of silence is key to prevention. Challenging and changing gender-related attitudes and practices can be difficult even for individuals from the community, however, and must be approached with care.

Silence is one of the greatest challenges involved in helping HIV-positive women and survivors of gender-based violence. Silence exacerbates physical and psychological consequences and prevents appropriate care. Above all, silence perpetuates the attitude that violence and exploitation of women and girls is inevitable.

The impact of sexual violence has striking commonalities with the impact of torture, even among those who have never been tortured. One example is the loss of control: It is almost universal that survivors of sexual violence have experienced a loss of control over their lives because of the loss of control that took place during the assault. Thus, the healing process will almost certainly need to include a sense for the survivor of regaining control. This is of special importance to interpreters because interpreters, almost by definition, have control of language and messages: the medium of communication. That is a sensitive role to occupy when interpreting for survivors of sexual violence.

However, some aspects of sexual violence are distinct from other types of trauma. For example, pervasive social attitudes about sexual violence often have a crushing impact on the ability of

survivors to share their experiences openly, and the cultural impact of sexual violence on the survivor's relationships with their spouse, family and community can be tragic or even catastrophic. Some survivors have been killed by family members for being raped due to the family's sense of shame or dishonor.

One publication from Ireland on community interpreting for survivors of sexual violence offers a list of 10 widely believed myths about sexual assault summarized in the Common Myths and Attitudes About Rape and Sexual Abuse image (Dublin Rape Crisis Centre, 2008, p. 7).

COMMON MYTHS AND ATTITUDES ABOUT RAPE AND SEXUAL ABUSE

Societies develop and hold myths and attitudes about rape and sexual abuse, which protect them from having to deal with the full reality of these issues. These myths can be deeply unhelpful to the victim. Often they can involve a blaming and shaming of the victim rather than the perpetrator, and compound the impact of the actual attack(s).

Myth: Victims provoke rape by their dress and behaviour

Unfortunately this is a belief which can be shared by the victim, who may agonise over whether s/he did something to provoke the attack. The victim is blamed for his or her behaviour. This behaviour may be quite normal in society, but when the person is raped, people wonder 'what did s/he expect?'. The fact that thousands of other people have acted and continue to act in the same way while remaining safe demonstrates that it is the choices and behaviour of the perpetrator, not the victim, that are responsible for the rape.

Myth: A woman who has been raped has brought dishonour to her family

In some cultures, the sexual violation of a woman is viewed as so deeply shameful to her and her family that she is expected or encouraged to take her own life, or may in fact be murdered by her family. Even where the woman does not lose her life, the knowledge that what has happened to her is viewed as so shameful and dishonouring deeply impacts on her feelings about herself, and her sense of herself in relation to her family and community.

Myth: Men and boys are not raped or abused

Rape and sexual assault of men and sexual abuse of boys is very under reported, but it is clear that men as well as women are subjected to these crimes. Men can feel they should have been able to fight it off, and can fear ridicule. According to the SAVI report, 3% of men in Ireland have experienced rape in their lifetime. Rape is sometimes used as a very powerful weapon of torture and demoralisation of men as well as women.

Myth: People are usually sexually assaulted by strangers

In 2006, 60.6% of clients of the Dublin RCC knew their attacker. For 11.4% the assailant was a husband, cohabiting partner or boyfriend. Where the perpetrator is know to the victim, they may be pressured or intimidated not to tell and may be afraid they will not be believed or that they will be blamed or seen as contributing to the assault. Although rape within marriage has been a crime since 1990, there has been only one successful prosecution of this crime in the intervening years.

Myth: Only young attractive women are raped

Women of any age, appearance, social class, ethnic origin and intellectual ability are vulnerable to rape. Men and children are also raped, as are people with disabilities. This underlines the fact that rape is not about overwhelming sexual desire 'caused' by the victim's desirability or dress or behaviour, but is in fact a crime of power, domination and a desire to degrade another human being. Rape is used as a weapon in war, where people of all ages and both genders may be raped.

Myth: Sexual abuse occurs mainly where there is socio-economic disadvantage

Research shows that sexual abuse occurs equally across the social spectrum and in apparently 'model' families. This myth can lead to a victim feeling they won't be believed because their family, or the abuser, are very 'respectable'.

Myth: False allegations of rape and sexual abuse are common

It is a commonly held belief that many allegations of rape are false. This belief is not borne out by the facts. International research has shown that over 90% of allegations of rape and sexual assault to police are found to be genuine, while between 2% and 9% have been false allegations. This figure includes those allegations made by people with mental illness whose allegations are made genuinely, although the incidents may be found not to have occurred in reality. The great majority of reports of rape and sexual assault to police are genuine.

The impact of sexual violence on survivors of torture and war trauma

When interpreting for sexual violence survivors who are also survivors of torture and war trauma, such as refugees and asylees, there are particular issues you may need to keep in mind.

For example, the experience of sexual violence is often more brutal, extreme and traumatizing among refugees, asylees and torture survivors than is typical for most sexual assaults committed in the U.S. Sexual violence among torture survivors may be political or perpetrated by security forces. In one study, 71.8 percent of asylum seekers and refugees who came to Irish rape crisis centers for counseling in 2004 had been raped by security forces in their own country, and often more than once; they had also been tortured in other ways (Dublin Rape Crisis Centre, 2008, p. 12).

As a result, sexual violence survivors arriving in their new countries can be fearful of police and government. One of the authors of this manual worked at a nonprofit center providing general services to immigrants and refugees and a common question there from refugees was: "Are you a government agency?" This question was asked in fear.

In addition, it is common that refugees, asylees and asylum seekers come from cultures where the shame and stigma of being raped is so extreme that survivors may literally fear for their own lives if the secret is disclosed, or at least that they face social ostracization, losing a spouse or not being able to get married. If the interpreter is from the same community as the survivor, there may also be fears that the interpreter will share that information.

The Korean Rape Survivor and the Interpreter

The author of this module reports:

I was once a rape victim advocate at our local hospital for a Korean survivor, one of four assaulted by a serial rapist. They caught the rapist in San Francisco and brought him to trial, and two of the four Korean victims agreed to testify. This was a pretty big deal, because there's a lot of stigma associated with rape in the Korean community, as there is in so many communities. The day of the trial, one of the survivors was supposed to testify in court, but the moment she saw the Korean interpreter she turned around and walked away. She wouldn't testify that day.

It turned out she knew the interpreter and didn't trust the interpreter not to share that information with the Korean community. So they had to find another interpreter for the trial.

Other problems, mentioned in the Dublin Rape Crisis Centre report (2008, pp. 11-12), include the following:

> *A person raped in times of war or unrest or where there are very negative cultural attitudes may not have sought medical care in the aftermath. A woman may later experience gynaecological problems. The medical effects can include unwanted pregnancy, abortion, painful periods, inability to conceive, untreated STDs, risk of HIV.*

The emotional effects of rape are compounded by additional factors for asylum seekers and refugees:

- *The ordeal of adapting to a strange country, language, etc.*
- *Re-traumatisation through having to give detailed accounts of rape and associated events at interview.*
- *Delay in accessing medical help or counselling.*
- *Ongoing medical or gynaecological complications, including chronic pain, operations, the trauma of HIV testing.*
- *Lack of information about services and resources.*
- *The ordeal of having to deal with professionals while not fully understanding what is being said, and having to tell his/her story through an interpreter.*
- *Difficulty accessing services because of practical issues such as lack of childcare and family support, cost of transport, etc.*
- *Lack of access to meaningful activities such as education and work exacerbates feelings of helplessness and depression.*
- *A lack of any hope of justice where perpetrators are in the country of origin.*
- *Fear of being sent back to their country of origin, and possible future trauma or threat to life.*
- *Racist comments or attacks causing fear, feelings of danger and re-traumatisation.*

Trafficking

Where an interpreter finds him or herself providing interpreting where a person has been trafficked, that person will have had many traumatic experiences, and may be extremely fearful, both of the traffickers and of the representatives of the state. Where the victim and traffickers are of the same nationality as the interpreter, it may be additionally difficult for the interpreter to deal with the feelings evoked by the knowledge that this situation exists, but it is also additionally crucial that complete confidentiality is maintained so as to protect the victim.

Understanding the impact of domestic or "intimate partner" violence

This manual uses both the terms "domestic violence" and "intimate partner violence." In general, *domestic violence* is an older term that is still widely used in some countries such as the United States, and *intimate partner violence* (IPV) is a newer term that has become common in other countries.

Both terms address roughly the same kinds of abuse, and both terms include sexual assault and abuse by a partner (but not by a stranger). Consider the following definitions:

Domestic violence

Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be

physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone (U.S. Department of Justice, 2011).

Intimate partner violence (IPV)

Intimate partner violence refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in that relationship. Such behaviour includes: Acts of physical aggression—such as slapping, hitting, kicking and beating. Psychological abuse—such as intimidation, constant belittling and humiliating. Forced intercourse and other forms of sexual coercion. Various controlling behaviours—such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance (Krug et al., 2002, p. 89).

In this training manual, both the terms IPV and domestic violence will be used to refer to any behaviors by one person in an intimate relationship that cause harm to the other person in that relationship. An "intimate relationship" in this context may include marriage, dating, living together or having a child in common with a partner of any sexual orientation.

How common is domestic violence/IPV?

Survivors of torture and war trauma often experience domestic violence because domestic violence itself is so widespread. No culture is immune as the following U.S. research shows (NIJ/CDC, 2000):

- About 25 percent of women and 8 percent of men have experienced intimate partner abuse.
- Almost 5 percent of women report they have been stalked.
- Only one-fifth of intimate-partner rapes and one-quarter of intimate-partner physical assaults are reported.
- IPV is universal, but the effects of culture are difficult to determine.
- Violence against women is often accompanied by emotional abuse and controlling behavior.
- In a chilling statistic, of the nearly five million incidents of IPV against women and nearly three million incidents against men, in the United States alone, about two million incidents result in a physical injury, and more than half a million of these injuries receive medical treatment.

Interpreting for Domestic Violence

A mental health interpreter who has participated in research on interpreting for domestic violence reported:

Interpreting was not their only relationship with the client, so sometimes they would know more than what the client was telling the therapist. [Interpreters] were taking the client to the domestic violence shelter, and maybe the client was choosing not to divulge that to the therapist. So I think [interpreters] who have dual roles with the client [need to be] told, "It's OK not to tell what you know, and probably you shouldn't." Because we want the client to be in charge of the therapy session.

A Mental Health Interpreter Discovers Her Triggers

For me as a mental health interpreter, I remember when I first started in this work I had already been doing community interpreting for a number of years, and I had to learn in the first couple of years some self-care [techniques] because it touched on issues in my life. And triggers.

Interpreting for people who had been through domestic violence and trauma, I wasn't prepared for it, and I imagine most interpreters aren't. So that definitely was an early challenge. Fortunately I worked for a compassionate mental health professional, so I was then able to seek therapy for myself for a couple of years and take my own self-care very seriously.

Impact of domestic violence

A great deal of the impact of sexual violence on the therapeutic process and the survivor's recovery applies to intimate partner violence in general. Here are a few other points to consider:

- During family reunification, when family members arrive in the new country to join the survivor (or the survivor arrives to join a spouse), the stress of adaption may trigger recurring or new incidents of domestic violence.
- Poverty appears to exacerbate IPV, and refugees, asylees and asylum seekers often spend years in poverty.
- Cultural factors may mean that the survivor and/or perpetrator is more accepting of IPV as the "status quo." Such acceptance may be upsetting.
- Sexual violence committed by strangers may be less complex to address or resolve than sexual or other physical violence committed by an intimate partner in an ongoing relationship. Sometimes real progress in therapy may be difficult until the abusive relationship has ended.

While as the interpreter you may often think, *Why doesn't she just* leave *him!* there may be many complicating factors that make it difficult to flee the abuser. The Immigrant Power and Control Wheel, shown in Activity 8.1 (b), shows how perpetrators of IPV have many different ways of maintaining control of their victims. For social, economic, cultural and other reasons, it is by no means easy to leave an abuser. Having children with or by the abuser complicates the situation even more.

Finally, the greatest danger an abused woman can face from her abuser, including death, occurs precisely at the moment she leaves the relationship. So her fears of leaving may be well-founded. Remembering this fact may help temper some of the frustration you feel about interpreting for a survivor of domestic violence.

Your emotional responses when interpreting

General responses

In general, interpreting for survivors of sexual and domestic violence seems to arouse complex emotions in many interpreters that can affect their behavior, performance, skill, accuracy and ability to focus. This section explores some of the most common responses of interpreters.

Discomfort

Because of the sexual or violent content, some interpreters are so uncomfortable that they giggle, shuffle their feet or papers, glance away or otherwise give clear indications of their discomfort, including changes in tone of voice. This type of interpreter response can be damaging to the session, its outcome and to the survivor's well-being and ability to trust. Survivors of violence are usually keenly sensitive, even hypersensitive, and can pick up on the tiniest cues from interpreters who may not be even conscious they are showing nonverbal indications of discomfort.

Distancing

At the opposite end of the spectrum, some interpreters distance themselves from the sexual or violent content by "zoning out" so that they are interpreting more or less automatically, without paying close attention, at a time when full concentration is paramount. One side effect can be that the interpreter's voice goes flat and monotone or sounds "wooden" (that is, a hard voice with no emotional tone).

Navigating emotional shifts

As emotions shift during the session (and they can shift swiftly and unexpectedly), you may be caught off guard. It will be helpful to walk in prepared to handle almost any emotion or content that may arise.

The desire to help

On the other hand, you may feel quite the opposite: an intense desire to help the survivor. This feeling you will need to set aside because it can interfere with the relationship of trust that the survivor needs to develop with the therapist, doctor, social worker or lawyer.

Gender

During the needs assessment for this training program, some providers and survivors noted that on occasion, interpreters of the opposite gender will say judgmental things about (or even directly to) survivors of sexual or domestic violence. Sometimes these comments come even during the session and without the provider's knowledge. (Such problems also arise, however, even with interpreters of the same gender.)

Difficulty remaining calm to honor the story

You, the interpreter, are human. Just as for stories of torture and war trauma, so too when you interpret for events that involve sexual or domestic violence, you may find it hard to keep calm. Sometimes it may seem impossible to fathom the acts of cruelty that you bear witness to. Indeed, that is one reason this training program exists: To help you, the interpreter, remain calm enough to interpret effectively when hearing about such acts of inhuman cruelty.

What you may encounter

Whether the sexual or domestic violence took place a long time ago or recently, there are some common features to the internal emotional responses of many survivors that you can keep in mind.

First, the trauma symptoms discussed in Modules 1 and 2 may be present. In addition, as summarized from Dublin Rape Crisis Centre (2008, p. 10), here are other responses typical after sexual violence that are also quite typical for domestic violence. For example, the survivor may:

- Fear that no one will believe the story.
- Blame oneself.
- Live in fear of the perpetrator.
- Feel isolated.
- Find the survivor ostracized by family and/or friends for reporting the assault.
- Be afraid of the legal process.
- Have difficulties in sleeping.
- Feel pressure from family and friends to "move on" and forget about it.
- Lose a job, fail exams or struggle in school.

The same report (p. 10) goes on to say that these consequences:

> *May result in the victim, in the weeks or months after the rape, becoming irritable, angry, hopeless, self-doubting, and they may withdraw their co-operation from the legal process. The impact of the trauma may continue over a very long time and the person may become increasingly debilitated.*

Rape victim

Activity 8.1 (a): Should I interpret for survivors?

Watch the DVD, played by your trainers, which may include portions of a documentary titled *The Greatest Silence: Rape in the Congo.* If you are a survivor of torture, war trauma, sexual or domestic violence or other major trauma—should you interpret for other survivors of major trauma?

Instructions for classroom

1. In pairs, discuss the statement below and circle the answers you find appropriate
2. Decide if you think interpreters with a major history of trauma should or should not interpret for survivors if...

   a) The interpreter has not yet fully processed the trauma (i.e., the trauma may still feel fresh or raw). YES NO MAYBE

   b) The interpreter has processed the trauma but still has vivid memories of it. YES NO MAYBE

   c) The interpreter has fully processed the trauma and feels more resilient for the experience. YES NO MAYBE

   d) The interpreter feels healed and wants to give back to their community by interpreting for trauma survivors. YES NO MAYBE

Instructions for self-study

1. If you are self-studying this manual, complete the activity on your own. This documentary is available online and also through streaming services.
2. If possible, discuss with other interpreters studying this manual.

Activity 8.1 (b): The Immigrant Power and Control Wheel

Instructions for classroom

1. In pairs or small groups, review the Immigrant Power and Control Wheel (which relates to domestic violence).
2. Identify those aspects of the survivor's experience that you suspect might affect you emotionally as an interpreter and, if you can, write down at least three examples.

   _____

   _____

   _____

   _____

Instructions for self-study

1. If you are studying this manual on your own, follow the instructions above.
2. If possible, discuss with other interpreters studying this manual.

Immigrant Power and Control Wheel

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Section 8.2: Interpreting for survivors of sexual and domestic violence

Objective 8.2

After completing this objective, you will be able to:

Explore techniques for interpreting effectively for survivors of sexual and domestic violence.

Interpreting guidelines

A Voice from the Field

The following experience is from a court interpreter.
Note the emotional impact she describes.

I am an IMIA [International Medical Interpreters Association] member and just finished listening to your webinar (about Healing Voices*). I interpret for a different section of victims at the district lawyer's office. The majority are sexual abuse victims and they are minors. It is intense, and the silence is very hard to deal with. I have made many mistakes (like shuffling papers). I wished that I had listened to your webinar before, but now that I have this information I feel more prepared to deal with the interviews.*

Another aspect of difficult and traumatic interpreting is at the sheriff's office interviewing the perpetrator. Fortunately the perpetrators do not want to say much because they all claim they are innocent.

And one more example is interpreting at a trial. The interpreter has no idea what is going to be said or what the trial is about until you hear the [district lawyer]'s opening statement. One trial a teacher pointed out for me to practice my simultaneous was a horrible torture and murder of two young people in Tennessee. The testimony of one of the defendants was the recorded assignment and I could not get through it. It left me with nightmares.

General guidelines

If you interpret for survivors of sexual or domestic violence:

- Emphasize, more than ever, that you are strictly bound by confidentiality and will reveal *nothing* about the encounter to anyone.
- Be prepared to detach emotionally from what you are about to hear.
- Have a specific plan in place, for example, deep breathing, a signal to give the provider if you are overwhelmed or a "safe space" image to think about (like an ocean beach or a garden)

to visualize during the session if you need to calm yourself. (Remember that a "safe space" doesn't have to be a place: it could be a person, a beloved object or even a piece of music you find soothing.)

- Review your wellness plan before going to the session and, if the session was a difficult one, look at it again after you leave and plan for immediate self-care. See Module 3.
- Make sure you know the terms for all body parts, including intimate body parts, and for acts of violence (such as beat, hit, slap, cuff, throw, pound, rip, etc.).

Accuracy

No matter how disjointed the utterances of the survivor, do not clean them up or make them sound coherent. Interpret every statement "as is." For example, do not complete interrupted sentences, even if you are sure what the survivor intended. Do not try to make crude language sound smoother or give a disjointed story a clear timeline.

Positioning

As with survivors of torture and other major trauma, you may have to exert great care to assure that the physical position you choose is comfortable for the survivor. For example (for spoken language interpreters), clients may not want you to sit behind them.

Judgment

Impartiality can be difficult. You may be forced to examine your own conscious and unconscious biases about sex, rape and sexual violence. You may find yourself judging the survivor even if you don't want to, and your own judgmental attitudes might even be part of a protective mechanism to distance yourself from the fear that sexual violence might happen to you. (You may even feel your gut seizing as you listen because you reflexively judge the survivor.) While reactions like these are understandable, they may be felt or sensed by the survivor and have a negative impact on the session.

In particular, monitor your body language, including stiffening, glancing away and facial expressions. Therapists have reported that this type of body language can be seen by the survivor as judgmental and have a negative impact on the session or even retraumatize the survivor. Some providers have specifically noted the problem among older interpreters or those those who interpret for LGBTQ+ survivors.

If you interpret often for survivors of sexual or domestic violence, try to take training on cultural competence or cultural diversity topics, as this kind of training can help you to examine your own unconscious biases and set them aside when you interpret.

Remember: The survivor of sexual trauma and domestic violence often feels judged by society and even family and friends. In a therapeutic, legal or medical environment, it is critical that survivors not feel judged by the professionals who are there to support them—including you, the interpreter.

Preparation

Try not to walk in directly from another session, if at all possible. Where time permits, take a few minutes to be quiet and still. For example, you could read a book in your car, perform a breathing exercise, review your wellness plan or listen to calming music.

Many interpreters find it helpful, before going to the session, to establish a ritual that marks a boundary between you and the assignment. You can do so in almost any way: adopting a calm demeanor, adding a piece of clothing or a special bracelet, putting on an interpreting badge or adjusting your hairstyle. The technique doesn't matter, but the ritual itself may help set boundaries between you and your work with survivors of extreme trauma.

Clarifying your role

Now more than ever you may need to work with the provider so that the provider lays out clear boundaries and expectations about what you are permitted (and not permitted) to do for the client outside the session. Otherwise, you may feel deeply sad for turning down a client's request for your assistance during or outside the session. After all, they might feel rejected by you because of the sexual violence when you are simply doing your best to help them by maintaining professional boundaries.

In your introduction, you may need to clarify those boundaries and the reason for them or—better yet, have the provider do so. Use your cultural knowledge to reframe any expectations the client might have that you will help them outside the session but do so in a positive, warm and supportive way. While these practices are generally helpful when working with refugees and other survivors of torture and war trauma, they may be even more needed when you work with those who are also survivors of sexual or domestic violence.

Observing yourself

If you notice that you are mirroring the client's position, hand movements, posture, breathing or eye movements, be aware that you might be experiencing some secondary trauma. Address it. Remember your breathing, relaxation, grounding or visualization techniques. See Module 3 for details. Stay calm. Ask for a glass of water, stretch or yawn discreetly, or do whatever you need to do to help yourself stay focused and grounded whenever you interpret distressing information. You are important. You are worth the time and care.

Imagery

Many interpreters use visualization as a memory skills aid to help them interpret more accurately. When you interpret for survivors, however, such imagery can be potentially harmful to you.

For example, if you fixate on images of the stories you interpret, those images may contribute to secondary trauma. Try to let such images pass through you. If you can imagine the story in stick or

cartoon figures, and not the person telling the story, that might help, or focusing on an image of a safe space or a loved one.

If you cannot control the images, work on letting them flow through your mind without paying attention to them. Focus instead on your notes (for spoken language interpreters), or ground yourself (pay attention to your chair, your toes, the ticking of a clock, etc.) or use any other technique that takes you away from focusing on images of the violence.

Self-care

Work hard to remember everything you learned in Module 3. Because of the extreme nature of descriptions of sexual violence, if you become lightheaded or nauseated, ask for water or a break, and during the break try to ground yourself. Whether during a break or the session itself, focus often on where you are just then: the chair, the room, the people in the room, and if it helps you, recall someone or something that usually calms you, such as a loved one.

After the session, debrief if you can and also remember that while you cannot share the details of a session, you can share your *feelings* about it with someone you trust. There is nothing confidential about your feelings unless you choose to keep them private.

If you interpret often for sexual survivors and find you are getting overprotective of your loved ones such as your children, or you feel an impact from these sessions on your sexual life or you start to have nightmares or deep anxiety about what you've interpreted, then seek help before this work has too great a disturbing or toxic effect on you. Timely help can prevent vicarious trauma.

Remember, too, that secondary trauma affects your body. If you can walk or exercise after a lengthy session, you may find that helpful. Many interpreters report exhaustion, back, stomach or neck pain or headaches after interpreting traumatic sessions. The pain is real. The cause could be secondary trauma.

The impact on the interpreter of interpreting for sexual violence in particular is significant. If the assault was part of a long history of torture or war trauma experience, it may lie buried in the past, only to surface unexpectedly at any moment during a mental health encounter, a medical exam or a meeting with a lawyer. The unexpectedness of someone sharing a violent encounter such as a rape can, as many interpreters have found, throw you completely off track, undermining your emotional defenses.

The need for self-care after such sessions may be more intense than you expect. Always have your wellness plan with you, and try to remember to consult it after you leave an intense session. Then plan for how you will care for yourself.

Interpreting past violence

If the survivor is sharing a story from a past history of torture or extended trauma, everything you learned in Modules 1, 2 and 3 will apply. The most significant difference will be the shame and stigma attached to sexual assault and how difficult it is for many survivors to speak about it.

While those responses vary across cultures, here are examples of survivor behaviors that you, as the interpreter, may wish to be prepared for when issues of sexual violence emerge during a session:

- The survivor's voice may drop, making it difficult to hear.
- The survivor may begin speaking in ambiguous terms, for example, referring to intimate parts of the body using vague language or unfamiliar terms. You may or may not understand those terms, or the provider may not understand them (such as incomprehensible or untranslatable slang).
- The survivor may use vague pronouns (he, her, it) with sexual meaning.
- The survivor may weep uncontrollably or even cry out (as with torture survivors).
- If the survivor is not the same gender as the interpreter, awkward silences or situations may ensue that leave you ill at ease and uncertain if you should continue.

Interpreting after a recent assault

If, on the other hand, the survivor has just recently been sexually assaulted, and the experience is still fresh and raw, this situation may lead to more emotional surprises for you. For example, the survivor may respond in strange ways that surprise you and do not seem to make sense, such as giggling.

The reason is that survivors of sexual assault or extreme domestic violence do not respond as we might expect (for example, by being tearful and sad). They can respond any way at all, whether or not they have a previous history of major trauma. Some survivors are calm right after the assault, while others are agitated. Some are lucid, rational and articulate, while others grow numb, distant and silent. Some survivors may react in anger while others withdraw and cry. The survivor can sound serious or flippant.

The broad range of emotional, cognitive and physical responses listed in Modules 1 and 2 to survivors of major trauma such as torture and war trauma also apply to survivors of sexual and domestic violence.

These reactions may at times appear irrational to you, but they may also signal the survivor's ways of coping with the trauma. If the survivor is also a torture survivor or a survivor of childhood abuse, they may also exhibit symptoms of dissociation. See Modules 1 and 2. Such reactions may at times seem incomprehensible to you.

In short, as the interpreter, prepare yourself for almost any emotional response from a survivor of sexual assault or domestic violence. Expect the unexpected.

Techniques for interpreting

One interpreter who has performed a great deal of interpreting for survivors of IPV reports: "I've found that a challenge over time has been my patience and responding and explaining my role."

Gender

Most professionals who work with survivors of sexual violence seek, but do not always find, interpreters of the same gender. The same need is true for domestic violence, whether or not it includes a component of sexual violence.

In general, if you are not of the same gender as the survivor, you may have to:

- Determine whether the survivor wants you there and is comfortable with your presence.
- Offer to withdraw at once if there seems to be gender discomfort.
- Assure the survivor that you are there to support them by faithfully giving a voice to their story and to the professional they work with.
- Also reassure the survivor that you will respect the story in all its details.
- Try to adopt a gentle demeanor and reassuring voice.
- Convey every sign of professionalism.

Wise Counsel from a Mental Health Interpreter About Interpreting for Domestic Violence

It feels good to give advice! It feels good to have people ask us questions! We feel important!

[But] it's really not helpful. If they come to us with questions it does feel good to be asked for advice, but if we get into that role what we're doing is actually diverting the [people] from how to advocate for themselves. They need to learn how to speak to the doctor or psychiatrist or therapist or healthcare worker. It is our responsibility to deflect those questions and be supportive and kind as we do so, so that people develop skills with authority figures such as healthcare providers.

Police

If you speak a rare or less common language, or you are a refugee interpreter, and the survivor calls the police or winds up at the hospital with injuries, you may be asked to interpret for that survivor. Decide ahead of time if that kind of interpreting is something you feel qualified to do and can handle emotionally.

Your own emotional responses

Perhaps in no area of interpreting do so many interpreters yearn to give advice, like "Leave him!" It is critically important to control such urges.

In addition, survivors of domestic violence (more than survivors of sexual violence in the context of torture by security forces) may exhibit behaviors during or outside the session that might "push your buttons" in surprising ways and irritate you or even make you angry.

You may need to be patient with the survivor and yourself, monitor your own emotional responses and debrief with the provider after the session.

Maintaining your own internal calm is critical. It is strikingly common that survivors of sexual violence and even domestic violence feel guilty and fear that no one will believe their story. You are the means by which that story can be told. The survivor needs to

trust that you will accurately interpret everything: Earn that trust. You do so by exuding, through your demeanor and professionalism, your absolute devotion to interpreting that story in a way that reassures the survivor this information is being taken seriously and that you are doing your utmost to report it faithfully.

Activity 8.2 (a): Role play about sexual violence

Instructions for classroom

1. Divide into groups of three, preferably with partners who speak the same language(s).
2. If you play the interpreter, close this manual.
3. If you play the client or therapist, follow the instructions in the text.
4. When the script ends, improvise a conclusion based on how the person who plays the interpreter responds. Try to act naturally.
5. ***Note:*** *The trainer will share the information at the end of the role play with all those who play the interpreter.*
6. After the role play is completed, look at the two interventions that follow the first role play, choose the one you think is more effective, and write down why you think it is better.

Instructions for self-study

1. If possible, have two friends or adult family members help you with this activity, preferably friends/family who speak your language(s).
2. Have them play the role of the therapist and the client while you play the role of the interpreter.
3. Act out the role play.
4. After the role play is completed, look at the two interventions that follow the first role play, choose the one you think is more effective, and write down why you think it is better.
5. If possible, discuss your answers with other interpreters studying this manual.

Role play: "I went down to the river to be made clean"

A counseling session with a female client from Guinea, West Africa, and a therapist.

Therapist: Can you please tell me a little more about your life back home in your village, before you left?

Client: I lived there with my family—my parents, my sisters and brother and also my two uncles and my aunt. I helped around the house and with the kitchen garden, bringing water and wood. All the normal things. And I helped take care of my younger brother and sister. Then when I reached 16, I was promised to a man who was a friend of my father's. After that, I went down to the river to be made clean, along with other girls my age who were also promised. I went with my aunt.

Therapist: (*nods*) Down to the river.

Client: I began to have my problems after that.

Therapist: You started to experience problems right after you were promised...in marriage?

Client: After I went down to the river with the women, with my aunt. Because of that.

Therapist: (*slightly confused, seeking to learn more*) Can you tell me what kinds of problems you began having?

Client: A burning pain when I went, and also each month. It was very bad, and it got even worse after I got married...(*beginning to grow distressed*)...Oh, much worse.

Therapist: In what way?

Client: With my husband. He had to try hard at night, and it hurt so much. (*She begins to cry.*) I know it is the tradition, and I wanted to be clean and good...I thought so...but now I think something wrong was done. And I am so scared about having my baby. I don't know what will happen, if it will be able to come properly...And then, if it is a girl, what will happen to her? I don't know, I don't know.

Guidance: *The interpreter knows that the client has explained—using local idiomatic terms—that she underwent female excision prior to her marriage. Subsequently, the client experienced a burning sensation when urinating and during menstruation. Sexual relations with her husband have been painful due to the effects of the excision procedure, and the client is now deeply fearful, both of the implications for childbirth and for the potential of similar problems for her daughter if she is traditionally excised as well.*

Some additional terms and descriptive phrases for female excision:

- To receive or put on the *pagne* (woman's skirt)
- To perform ablutions
- To plunge or go into the river or creek (*marigot*)
- To go into the grass or bush
- Receiving the title
- The world of women
- Inducing respect
- Purity, purification (*bolokoli*), Mali
- *Bundu* (after Bundu secret society), Sierra Leone
- Purity, purification (*tahara, tahur*)—Arabic, used in Egypt and Sudan
- Tradition or precept (*sunna*)—Arabic, used widely

Note: According to the customs of some cultural groups or secret societies (e.g., in Sierra Leone and Liberia), it is taboo to speak about the practice except in veiled or indirect ways.

Read the following two interventions, pick the one you or your group finds more effective, and write your justification in the blank lines below.

Intervention 1

(*to provider*) Excuse me, as the interpreter I wanted to tell you that "being made clean" means female circumcision.
(*to client*) Pardon me, as the interpreter I just shared with the provider that "being made clean" means the ritual of cutting the female down there.

Intervention 2

(*to provider*) Excuse me, as the interpreter I sense a misunderstanding about what the "being made clean" ritual means. Maybe you'd like to ask her about it. Now I'd like to interpret what I just said for the client.

Provider: Go ahead.

(*to client*) Pardon me, as the interpreter I just shared with the provider that I sensed a misunderstanding about what "being made clean" means and suggested they ask you about it.

Which intervention script do you find more effective? Why?

_____

_____

_____

Activity 8.2 (b): Role plays about domestic violence

Instructions for classroom

1. For each role play below, divide into groups of three, preferably with partners who speak the same language(s).
2. If you play the interpreter, close this manual.
3. If you play the client or therapist, obey the instructions in the text.
4. When the script ends, improvise a conclusion based on the response of the person who plays the interpreter. Try to act naturally.
5. After completing both role plays, discuss how you feel an interpreter in real life might feel at the end of two sessions like those represented in the role plays.

Instructions for self-study

1. If possible, have two friends or adult family members help you with this activity, preferably friends/family who speak your language(s).
2. Have them play the role of the therapist and client while you play the role of the interpreter.
3. Act out the role plays.
4. After completing the role plays, discuss how you think you would feel if you were the interpreter in these sessions.
5. If possible, discuss the role plays with other interpreters studying this manual.

Role play 1: The second wife

A therapy session with a female client from Togo, West Africa, and a psychologist.

Client: But then my mother became very ill. She became worse and worse. Finally, after several weeks, she died.

Therapist: I'm so sorry. That must have been a very difficult and sad time for you.

Client: (*sniffs, nodding*) I felt so alone. My father was away, and no one had a kind word for me. My mother's people were all back in her village on the other side of the province. And my father's wife, I think she had never liked me; she became more and more unkind.

Therapist: You mean that your father married again, after your mother died?

Client: No, I mean his second wife. The one he married after my mother. I think she was always jealous, and then when my mother was gone, she began to treat me very badly, like a slave. She took me out of school and made me work all day and late into the night, in the fields and making the food and cleaning. She would not even let me sleep in the big house.

She began to plan for me to marry an old man from the next village. She told me that I had to get *kakiya* before the wedding. All this she did without asking my father, who would never have agreed—he was an educated man, he knew these were not good traditions. I was sure he would stop all of this when he came back home. (*crying*) But then we got the news that my father was killed in an accident while he was traveling back from the capital. So I had no one to help me. Then I knew I had to get away.

Guidance: *The interpreter knows that the client is describing a polygamous domestic situation, practiced among several groups in West and Central Africa. With some sensitive probing, it could be established that the client's mother had been the father's "first" wife, who had been given priority in status and other regards, and that he had later taken a second wife. The client also refers to the prospect of being made to undergo excision (kakiya) before the forced marriage that her father's wife is planning for her.*

Role play 2: The interpreter's dilemma

Therapist: (*gently*) I want to ask you if there is anything else you'd like to talk about, Rima. I can't help noticing that you've been more quiet today than usual. I'm wondering if there's something that you're anxious about, or that is bothering you.

Client: (*shaking her head*) No...no.

Therapist: Can we perhaps talk some more about how things are going at home?

Client: (*bursts out rapidly, speaking directly to the interpreter*) Please, please don't tell her (*indicating the therapist*)—but my husband, he is acting just crazy. He calls me names in front of the children, and last night he hit me. It was hard for me to even come here. He doesn't want me leaving the house for anything. I had to tell him I was going to social services about our cash assistance, that is why he said I could go. But please don't tell the lady here—she will report him and if he ever found out, I don't know what he would do! I'm afraid he might kill me.

Therapist: Please tell me what she is saying. What is she saying?

Client: No, no, please, please don't tell her. I just needed to tell someone...and you understand, you know how our men are!

Therapist: (*to interpreter, voice low*) Can you please tell me what is happening?

Section 8.3: Child abuse

Objective 8.3

After completing this objective, you will be able to:

List specialized techniques to consider when interpreting for children who have experienced abuse.

Purpose of this objective

The purpose of this objective is not to teach you how to interpret for children but to help you explore the impact of child abuse when you interpret for such cases, especially in families of refugees and other survivors of torture, war trauma and sexual violence.

This section also discusses strategies that can help you interpret effectively in such cases.

Child abuse (including child sexual abuse) is widespread around the world, and children in conflict zones may be particularly vulnerable. Refugees and asylum seekers who move around the world fleeing persecution and danger are exposed many times to situations that leave women and children especially vulnerable to sexual and physical abuse.

In addition, especially if stressors during family reunification contribute to situations of domestic violence in the new country, children may witness violence in their own homes, which can be deeply traumatic for children.

The impact of child abuse

One of the most important aspects of interpreting either for adults or children who survive child abuse is that the impact of abuse can surface anywhere, at any time, because child abuse is common across all cultures.

The difference when interpreting for survivors of torture and war trauma or their families largely comes down to the complexity. There are many types of child abuse that we do not always consider.

Let's start by reading a true story told by the survivor. It's the story of a child soldier, age 16.

This story was submitted by a professional interpreter, author and interpreter trainer in Spain to one of the authors of this training manual in July 2012. He has requested that his name be given to support advocacy in this arena: Denis Socarrás-Estrada.

I was sent to war in Africa when I was only 16 years old. I lived under the desert sand for 26 months (two years and two months). And I survived, and I returned to my mother's lap and to my daughter's arms.

Expressed just like that, it sounds like it was a piece of cake. Going there, surviving and returning home. Very simple, right? No way! It only took me 18 days to become a man.

That's the time it took the boat from my white sand beaches [of Cuba] to the southern desert coast of Angola. My first impression? Everybody without shoes in a dirty, smelly capital city. My first night in the desert? Somebody stole all my civilian belongings, so I lost everything that helped me remember my family, my only treasure.

My first morning in the desert? Drum beating, desperate terrifying drum beating. On a hillside not farther than 500 meters away from my underground barrack, I could see the remains of some 50 people: children, adolescents and young adults, all dead. They were just lying there on a rug as any other normal day. Sick people would lie there to be cured by the sun, but if they were not cured by sunset, they'd die during the night. Drums would announce one more morning. The last travel for those people from their "natural hospital" to the improvised cemetery.

Only 24 hours in that savage land, and I had experienced more shocking cultural differences than I had read and imagined in all Jules Verne's adventure books. I had to admit it wasn't going to be one more adventure. I started missing my mother, my brother and sisters, my grandparents, my girlfriend, my father...

Time passed very slowly, days would be hot as hell, nights cold as death. As a tank driver, I learned to be deaf after every 100 mm shell was fired and to stop breathing for a couple of minutes till the powerful fans extracted the awful powder smell. I learned to hug a friend in the morning and not to see him again, maybe returned home, maybe dead, maybe missing, maybe shot by friendly fire...

Time would not fly, no way. And I'd shiver when other friends cried desperately: "Llega tiempo de mango." It means so many things, but it was mainly our powerlessness, rather helplessness state of mind. One thing we gained every day: patience, self-control and more patience. But the smile on our faces would turn into macabre grins by the minute, maybe fear, maybe sadness, maybe loneliness...Yes, hunger was another enemy. Some situations I haven't seen again even in sci-fi or terror movies.

I can write pages of pain and hard times; I can cry hours of tears and hate. But you don't deserve to suffer half of what I went through. I AM A SURVIVOR OF THE 1986-1989 ANGOLAN WAR. I was there. And I am still able to hide my psychological scars by using my sense of humor and positive thinking, by dedicating more time to learning and better myself, by chasing my dreams and drawing my own path, by fearing no real or imaginary obstacle.

Questions for reflection

1. How might you feel if you heard this story during a therapy session if the client was 17 years old and telling this story?
2. As the interpreter, how would you manage your emotional reactions during the session? (Recall your self-care techniques from Module 3.)
3. What strategies might help you interpret effectively?

Guidelines for interpreting for abused children

General guidelines

If you interpret for children or teens, be aware that you may need specialized training. Interpreting for children is quite different from interpreting for adults and is currently in its early stages of development. There are few resources, trustworthy guidelines or standards, available. Perhaps the best is a chapter from an interpreter training manual titled *Spanish Bilingual Assistant: Introduction to Medical Interpreting,* Section 8 (Rayes, 2008, pp. 8/3-8/10).

In general terms, try to keep the following in mind.

- For younger children (especially those younger than eight), except in court you may use third person, or indirect speech, and not first person, or direct speech, because first person may be too abstract and confusing for a young child. (You can of course continue to interpret in first person for the provider.)
- Avoid positioning yourself between a parent (or caretaker) and the child.
- Use the familiar form of address when you speak to the child and not the formal form, e.g., use *tu* (not *vous*) in French.
- Enunciate clearly.
- Be direct: Avoid any tone that sounds like "talking down" to the child.

Guiding the provider

Because interpreting is often inherently confusing for young children, be alert to issues of tone and register. Make sure that the provider is communicating in a register the child can understand; if not, notify the provider.

Also, ask the provider to:

- Speak slowly.
- Pause often.
- Avoid technical terms.
- For young children, speak one sentence at a time—in short sentences.
- Ask one question at a time.

Interpreting for abused children

If you are interpreting for child survivors of violence:

- Be clear about your role.
- Do not touch the child.
- Position yourself at the child's eye level if possible, to avoid intimidating child survivors of violence.[27]
- Develop a special introduction for children (e.g., "Everything you say I'm going to say in English. Everything this therapist says, I'm going to tell you in Amharic.").
- Soften your voice, but do not reassure the child or say that everything will be fine.
- Avoid using terms of endearment like "honey" or "sweetheart."
- If you do not understand what the child is saying, *when appropriate* accept and interpret clarifications from family members or other caretakers who are present. (The provider will determine whether this strategy is appropriate.)
- Interpret everything "as is." Do not simplify or summarize.
- Ask the provider to rephrase, explain terms or statements, change register or check for understanding, where feasible and appropriate.
- Respect the provider's tone, even if it seems harsh.
- Respect the child's message. Do not amplify or explain it.

Perhaps the best general guidance comes from Table 7, which compares how interpreting for children can differ from interpreting for adults.

Interpreting for an Adult Asylee Survivor of Child Sexual Violence

I just remember walking out of there stunned. This was the most horrendous thing I'd ever heard, and we'd just gotten to ages eight or ten. I remember trying to understand this balancing act between keeping professional distance with the [survivor].

At one point [after the session], the provider thanked me. I started to say, "It was a pleasure," and I stopped and said, "I can't say it was a pleasure, but thank you." And the provider said. "I know! I can't sleep at night."

Each session lasted about five hours, and I was kind of shell-shocked.

Interpreting for children in families of torture and war trauma survivors

In general, children of trauma have a tendency to act out trauma more than adults may seem to do. As a result, rather like survivors of domestic violence, children with histories of severe trauma and abuse may "push your buttons" and annoy, anger or frustrate you.

Emotional detachment will be critical. It will be just as critical that the provider clearly explains their role to the child in simple language. If not, politely ask the provider to do so and interpret it.

If the child shows anxiety, soften your voice and be patient but do not insert yourself into the conversation.

27 This strategy can also be helpful with adult survivors, especially in cases of recent violence or sexual assault.

Interpreting for teens

If you are interpreting for abused teens, here are a few additional points to be aware of:

- They may be more aggressive and challenging than typical teens.
- They may use slang that is hard to interpret.
- They may seem distant.
- They can sense condescension and will often react strongly against it.
- Their emotional responses can be baffling.
- They may cause you to feel frustrated or angry.

Table 7: Comparison: Interpreting for Children, Interpreting for Adults (Rayes, 2008, p. 6)

Technique	Children	Adults
2nd Person	Informal [e.g., "tú"]	Formal [e.g., "usted"]
3rd Person	Transferring the speech of a person saying "I" to another person is an abstraction most children have not developed the ability to understand. Repeat what was said in the 3rd person rather than the 1st person. For example, the doctor says to the child, "I want to talk with you." Instead of saying, "Quiero hablar contigo," the child will understand better if the interpreter says, "El doctor quiere hablar contigo."	Generally only used for occasional clarification when there are multiple speakers or for patients who have suffered a trauma or have a psychiatric condition.
Consecutive Mode	Listening to two people talk at once can be confusing for a child. For some children it can be downright agitating. Using the consecutive mode almost exclusively is a common practice among interpreters who work with children, at least up until high school, and beyond for those with significant developmental delays.	Interpreters often use the consecutive mode for interview-type conversations (which describes most health care conversations). The mode of interpretation should meet the listener's (not the interpreter's) needs.
Position and Gaze	Some interpreters start from a distance, for example introducing themselves at the foot of the bed. Once they are close, they get physically on the level of the child by sitting, squatting, or kneeling, so they can make deliberate eye contact and avoid towering over the child. These techniques can help the child trust and understand the interpreter. Avoid positioning yourself between the child and parent.	The interpreter decides on position and gaze based on a number of factors. The goal is to support a direct connection between the patient and health care professional. The amount of space, equipment and people in the room are factors that could influence how the interpreter handles position and gaze.

Direct Communication	Taking a moment to get to know the child and explain the role of the interpreter is consistent with standards for working with adults. What is different for children's hospital interpreters is the amount of direct communication with children, for example, singing songs or telling stories in a child's own language as a measure of comfort during medical procedures. When you interpret, ask the child, "Is that what you're trying to say? Did I get it right?"	Pre-Session Clarifying what the speaker said or means [Requesting clarification of] a cultural concept Intervening (very rare)
Tone	Friendly, open, respectful, asking permission (when permission is an option), lower volume, quieter tone, calm, soothing	Friendly, open, respectful, asking permission (when permission is an option), professional
Speed	Slow down and be patient. Give the child the chance to do what he or she is supposed to do, whether it be putting away a game or urinating during a [voiding cystourethrogram] VCUG.	Slowing down is a strategy for working with people of other cultures, in the same way respect and formality are. Slowing down does not refer to how fast you speak. Slowing down can mean pausing before entering the patient's room. Another example would be that you think of what you need to say, say it, and then take a breath to give the other person a chance to respond.
Boundaries	Collaborate and don't compete with the other professionals in the room.	

A real-life story

Here is a true story about interpreting for children. Many will disagree with the strategy presented here, since most national and international standards for interpreting require that interpreters not be minors. However, the story is worth reading because it shows the challenges and difficulties faced in real life when interpreting for children who saw their parents killed: a profound challenge for any interpreter.

Interpreting for Children[28]


Unaccompanied minors are vulnerable

A 16-year old interpreter—through her experience—understood the language of a group of minors and conveyed it to the interviewer. No one else could've done that.

I've been working as an immigration officer for many years now, and I know out of experience how difficult it is to interview child refugees, especially those who have arrived unaccompanied by their family. The distinction between dream and reality constantly blurs, but then is it not the same for adults when it comes to memories? Particularly when it's painful to remember.

Adult refugees—often—end up believing what they have been telling everybody as to a certain situation. We all—to a certain extent—do this. How many of us are really "truthful" when they are asked about their financial situation or to submit their [curriculum vitae] *CV. Anyway, this group of children came along for an interview one day, and...well, the interpreter was "just" sixteen year[s] old. At first, I was quite skeptical. I always thought that having experience in life is a sort of prerequisite if you want to work as an interpreter. On the other hand, experience in life often lead[s] people to being judgmental and (in the case of interpreters) speak[ing] on behalf of the asylum seeker.*

"My" teen interpreter made me think a lot. The way she translated for a group of children (average age: 6) was just great. She'd been recommended to me by the [American University in Cairo] *AUC interpreters' trainers, who advised me on turning the interview into a group conversation, if I wanted the interpreter to perform at her best. She was a child when translating my questions to the children, and an adult when telling me about their answer. Throughout the whole session she was very good at picking out (and making me aware of) nuances in terms of the kind of language the kids used and its meaning. She always smiled, even when the conversation got "difficult"—well, some of these kids lost their parents, others saw their parents being killed. She constantly asked me if I would want to re-formulate my questions, and made sure that my interviewees understood what I meant.*

I'm not sure I have solved the paradox of reality vs. dreams in memory, but I certainly went through this interview with the strong feeling that communication had been enabled, and I could—through this very professional interpreter—reach into those children's world and attempt an understanding of their experience. I am grateful to the AUC for training individuals who make my professional life more interesting, enjoyable, and...professional!

28 Story no. 3—Interpreter and Varying Age-Groups. From *Six Stories of CCIP Interpreters in Action,* The American University in Cairo (AUC) Cairo Community Interpreters Project (CCIP). Retrieved from: https://icasit.gmu.edu/icasit-news/six-stories-of-ccip-interpreters-in-action/.

The Uyghur Family

Here is a story about a refugee family, set inside a school. As you read, try to identify what might have happened to this boy in this story. Pay attention to the actions of the interpreter. What do you think? How would you have handled this situation?

Note: Uyghur can be pronounced in English as *wee*-ger.

Narrator: This story takes place in an elementary school between a school counselor and a Uyghur family. The boy in this story is nine years old. We will call him Alim. The Uyghurs come from an area between Turkey and China that now belongs to China. They are an ethnic community of East Asia who constitute the second largest Muslim population in China: more than eight million. Many Uyghurs are oppressed and become refugees. They often report their children are not allowed to go to school in China. Uyghur culture can be complex. As we are about to find out, even learning what language this Uyghur family speaks can be a challenge.

School counselor:[29] Alim, can you tell me what language your family speaks?

Alim: Chinese.

School counselor: But we brought in this Chinese interpreter for your mother. She says your mother doesn't speak Chinese.

Alim: OK. They speak Ghulja.

Mandarin interpreter: No, no. Ghulja is not a language. Ghulja is a city in China! May I ask if is this family is Uyghur?

School counselor: Yes.

Mandarin interpreter: Then you need an interpreter who speaks Uyghur. It may be difficult to find one—you may need a telephone interpreter.

School counselor: (*speaking to the class with a sigh*) So even finding an interpreter was a story. Finally we get a volunteer interpreter from the city of Ghulja for the boy and his parents. Alim speaks some English, but not a lot. With the interpreter, we learned quite a few things from Alim. For example, Alim's parents left him behind: He didn't see them for a very long time when he was young. Also, during the years of oppression the Chinese came and took away his mother.

Alim: (*sadly*) I didn't see her for many, many days.

School counselor: (*to the class*) One day his mother came back to the family and she was not talking to them at all. We learned that when the Chinese soldiers came and took the client prisoner, they tortured her. This affected Alim deeply. So when we asked Alim in school one day to paint the flag of his country, he brought in the Chinese flag, but on top of the flag he threw a lot of black paint.

29 According to the American School Counselor Association, "Elementary school counselors are professional educators with a mental health perspective who understand and respond to the challenges presented by today's diverse student population. Elementary school counselors don't work in isolation; rather they are integral to the total educational program." Retrieved from: https://www.schoolcounselor.org/

Alim: I am not Chinese! I am a Uyghur from Ghulja. I want to kill everyone.

School counselor: At school Alim is aggressive, constantly picking up paper clips and other things that can poke and scratch and hurt because he doesn't feel safe. For six months we have been working with the boy, but the mother and father still are not disclosing much information. After about eight months of working with our volunteer interpreter, we really want to know her story so we can help her son.

The counselor, interpreter and mother sit down with the interpreter near the mother. Everything said now is interpreted.

School counselor: (*to mother*) We need to know a little more about what happened in China, in order to help your son. He is very angry.

Mother: He speaks English. Why do you bring him an interpreter?

School counselor: Yes, he speaks some English, but not at the level where he can express his feelings easily. We want to help your son. He's very bright and he has a lot to contribute in class, but he's also very angry and aggressive. And he seems to be having flashbacks. Sometimes, he's sitting in class not even aware of what's going on. He needs our help. Is there anything you can tell us?

Mother: It's too painful.

School counselor: I know you've been through very difficult times.

Mother: I already told you what happened. I was kidnapped. By the Chinese. My husband was a Uyghur chief and he started rebelling. He got a threat letter, the letter threatened our whole family, but he didn't give up. They killed a relative of his, a cousin. And still my husband did not give up. So they kidnapped me. The Chinese took me to punish my husband. (*Begins to cry.*)

The interpreter takes the mother's hand.

Mother: (*starting to cry a little*) They beat me. They gave me electric shocks. They did terrible things. They pulled out my toenails with pliers. Then they left me out there in the cold, until my feet got infected. And my children...My children...This is why my husband is so depressed. What happened to all of us brings him shame. (*Continues crying. Interpreter is now stroking the mother's hand. Reaching for a box of tissues, she gives the mother a tissue.*)

School counselor: Shame?

Mother: (*Mumbles something.*)

Uyghur interpreter: (*Looks at the counselor.*) I'm sorry. Please leave her alone and stop asking questions. I can't tell you this part.

School counselor: (*Speaking to the interpreter.*) Why not? What's going on?

Uyghur interpreter: (*Speaks to the counselor, wiping the tears from the mother's face with a tissue.*) I'm sorry. This is very bad. You shouldn't be doing this. And I can't tell you about it.

School counselor: Why not?

Uyghur interpreter: (*Irritated as she speaks to the counselor.*) Something very bad happened. What more do you need to know? Please. You are hurting her. Leave her alone. Let her have peace.

School counselor: (*Clearly frustrated, still speaking to the interpreter.*) Please interpret what I say.

Uyghur interpreter: You don't understand our culture. This is too shameful to speak about.

Now here is what really happened...

Counselor: As a school counselor, how was I going to get this family the help they needed with an interpreter who wouldn't cooperate? In the end, we couldn't work with this interpreter and went to the Uyghur American Association. They helped us find a responsible volunteer interpreter who behaved ethically. And we found out that the children had both been abused by the uncle in the family who took them in after the mother and father were taken away. Because he was a religious figure, no one spoke against him, but the children suffered and acted out. We needed a faithful interpreter to get the story and help those children.

Module 8 Review

Key points to remember

1. Interpreting for sexual violence
   - Survivors experience shame, stigma and difficulties sharing their story.
   - The social consequences of sharing it may raise fears of becoming a social outcast or even losing one's spouse or family.
   - The cultural complexities of rape can be difficult to grasp.
   - The survivor's voice may drop, making it difficult to hear.
2. Interpreting for domestic violence
   - Many survivors find it difficult to leave their abusers.
   - You may experience frustration interpreting for survivors of IPV.
   - The experience of interpreting for such survivors is often deeply emotional for the interpreter.
3. When interpreting for such survivors, try to do the following:

   Before the session
   - Prepare yourself psychologically.
   - Have some quiet time before the session.
   - Develop rituals to set a boundary between you and the interpreted session.
   - Review your wellness plan.
   - Have strategies in place (e.g., deep breathing, a grounding exercise, asking for a glass of water) in case you get overwhelmed.

   During the session
   - Emphasize that confidentiality will be respected.

- Exhibit a professional yet warm demeanor.
- Make clear that you will accurately interpret and honor every part of the survivor's story.
- Set clear boundaries on your behavior outside the session.
- Be prepared for emotional surprises.
- Don't fidget, giggle or display other inappropriate behaviors.
- Try not to judge, as your attitude may reveal itself in your body language, voice or behavior.
- *Do not touch the survivor.*
- Adopt an unobtrusive position that will not make the survivor feel uncomfortable.

After the session

- Debrief.
- Relax.
- Follow your wellness plan.
- Remember that you can always share your feelings after a difficult session with someone you trust (although you cannot share any specific details that you learned during the session).

4. Interpreting for children
   - Use third person for young children.
   - Use the familiar form of address.
   - Enunciate clearly.
   - Avoid "talking down."

5. Ask the provider to:
   - Speak slowly.
   - Pause often.
   - Avoid technical terms.
   - For young children, speak one sentence at a time.
   - Ask one question at a time.

6. Interpreting for abused children
   - Be clear about your role.
   - Do not touch the child.
   - Position yourself at the child's eye level.
   - Soften your voice, but do not reassure the child or say everything will be fine.
   - Develop a special introduction for children.
   - Avoid terms of endearment like "honey."
   - *If appropriate*, accept and interpret clarifications from family members or caretakers.
   - Ask the provider to change register as needed.
   - Respect the provider's tone.

Review questions Module 8

Congratulations on completing Module 8 of this training manual.

Multiple choice

1. One common response to sexual violence is:
- a) Wanting to tell the story immediately.
- b) Self-blame and being afraid no one will believe the story.
- c) Feeling safer now that the violence is over.
- d) None of the above.

2. If you are of the opposite gender than the rape survivor, you should:
- a) Just interpret.
- b) Reassure the client you will never reveal anything, will respect their story and give them the choice about whether you should stay or go.
- c) Discuss your extensive professional experience interpreting for sexual assault.
- d) Let the provider decide what you should say.

3. When interpreting for abused children, you should:
- a) Touch the child to reassure them you are kind.
- b) Use a formal mode of address to set some distance between you and the child.
- c) Position yourself between the parent and the child.
- d) Ask the provider to clarify their message when needed.

True or false

4. In the U.S., one woman in four is a survivor of IPV. T or F

5. Survivors often refer to sexual violence in indirect or vague terms. T or F

6. "Early marriage" is defined as marriage before the age of 16. T or F

7. Domestic violence and intimate partner violence are terms that refer to two different phenomena. T or F

8. The safest time for a domestic violence survivor is right after they leave the abuser. T or F

Your thoughts

9. Define "intimate partner violence."

_____

_____

10. List at least five different types of sexual violence, not including rape or sexual assault.

_____

_____

_____

11. What can you do to minimize the impact of interpreting for survivors of sexual or family violence on you, the interpreter?

_____

_____

_____

12. List several strategies to keep in mind when interpreting for survivors of sexual or domestic violence.

_____

_____

_____

_____

_____

13. List several strategies to keep in mind when interpreting for children.

_____

_____

_____

_____

_____

Conclusion

The conclusion for this module is a thought-provoking story from the Cairo Community Interpreter Project.

The story[30] is told by a refugee interviewed in Cairo for resettlement in the U.S. Note her oblique references to her experience of sexual violence.

30 Story no. 1—Interpreter Confidentiality. From *Six Stories of CCIP Interpreters in Action,* The American University in Cairo (AUC) Cairo Community Interpreters Project (CCIP). Retrieved from: https://icasit.gmu.edu/icasit-news/six-stories-of-ccip-interpreters-in-action/.

Amina's story

An interpreter helps a refugee tell an event that was central to her claim for refugee status that she never mentioned to anyone. He found it really hard to convince her that he would tell nobody but her lawyer about it.

Refugees waiting for interviews

My name is Amina. Six months ago, I walked into a UNHCR[31] *interview room, I was feeling pretty much at [a] loss. Here I am, I thought, another pointless interview, what for, I wonder. How could I ever speak about what happened to me?*

In Somalia, when people find out that that happened to you, you're out. An outcast. I sat down, and the interviewer introduced me to the usual male interpreter. Why is it that you can never find a female Somali interpreter? As soon as the interviewer demanded to know what happened to me that made me flee my family and then my country, I felt like I wanted to throw up. Within hours the whole community would know.

As if I didn't know Somali men. Always spying, always ready to judge their women. What happened after that, I cannot explain. The interpreter must've made a sign to the interviewer, who busied himself with the computer. He spoke to me slowly and carefully. He told me he understood my fear, but I should not be afraid, he would never ever tell anyone what I tell the interviewer. He also told me that he is a professional interpreter, he has been trained at the [American University of Cairo] *AUC, and he believes in his job and the importance of respecting everybody, no matter what they are or did.*

I don't know why I believed him, I just know that I first cried and started telling my story. My husband's friend, a policeman, forced me to do it. I cried more. I found myself in the waiting room. The interpreter came in to speak to someone, and I noticed he ignored me. Recently, I met the interpreter at a wedding, and he pretended he does not know me. I wish I could say thank you for all he has done for me. I've been recognized as a refugee, and might be able to be resettled to the U.S.

Not only he behaved professionally. He also taught me never to judge.

31 The United Nations High Commissioner for Refugees, the UN Refugee Agency.

Module 9:

Global Skills Review

Introduction

Welcome to the ninth and last module of *Healing Voices*.

Although you came to this program with some past interpreting experience and training, this module will help to bring all your global skills together when you interpret for survivors.

As you have seen, interpreting in this field is often a highly emotional experience. It may challenge you more than routine medical or legal interpreting encounters. Under these circumstances, your global skills will need to become second nature, a set of tools and strategies you can use almost without thinking. The automatic quality of your skills will allow you to focus more freely on the linguistic needs of the client and the provider.

Protocols vs. skills

Generally, when we discuss global skills in this manual we have referred to the protocols used by the interpreter as opposed to the language transfer skills involved in rendering a message from one language into another.

If you want to improve your language transfer skills, try to find training programs in your area and online. Advanced skills training is some of the best professional development you can invest in. It will help you immensely when you interpret for survivors.

You may wish to focus in particular on training programs that specialize in:

- Simultaneous interpreting
- Memory skills
- Note-taking skills
- Assignment preparation
- Glossary building

The reason for getting extra training in those areas is that you want to avoid interrupting a survivor who has become emotional, yet you must still be accurate. Improving your simultaneous, memory and note-taking skills will allow you to interrupt less often and reduce your need to request repetition. Improving your assignment preparation and glossary-building skills will make interpreting the session easier for you, give you more context, improve your accuracy (which is critical), build your self-confidence and help you remain calm during the session—all of which can be incredibly important for trauma-informed interpreting (and wonderful for any other interpreting you perform as well).

However, this training focuses specifically on what will help you interpret for survivors. In Module 9 we will focus on:

1. General review
2. Terminology
3. Self-care (both as review and to build on your work in Module 3)

Learning Objectives

After completing this module, you will be able to:

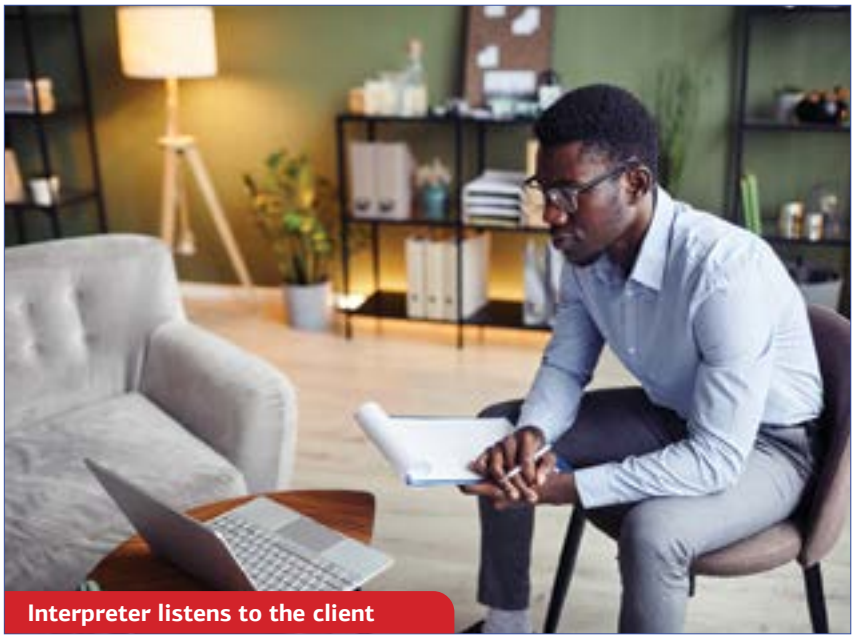
Module 9: Global Skills Review

- Objective 9.1: Review three key aspects of this curriculum that support interpreting for survivors of major trauma.
- Objective 9.2: Practice techniques to interpret relevant terminology, concepts, emotionally charged phrases and/or complex cultural references in the target language.
- Objective 9.3: Perform a self-care assessment

What we hope to accomplish in Module 9

Module 9 brings together many of the skills you learned throughout the program and allows you a final opportunity to practice them. However, we want to highlight one theme that our focus groups and surveys have shown to be a huge need in this field: self-care.

Taking care of yourself, the interpreter, is a topic reinforced throughout this program. If a person has survived intentional injury through torture, war or other major trauma, the survivor faces a set of unique challenges. Often the survivor feels isolated and sometimes unlovable. Although as interpreters, we are not the providers who directly assist in healing, we are a part of the healing team. When an interpreter assists in this way, your voice can become the voice of love.



Interpreter listens to the client

However, in order to fulfill this role, we will need to value and love ourselves enough to take good care of ourselves. We cannot care effectively for others until we learn to care for ourselves. Self-care is a critical aspect of enhancing your interpreting performance as well. As discussed in Module 3, you will need your wellness plan to engage in a routine of self-care on an ongoing basis.

In other words, take care of yourself before, during and after an emotionally charged interpreted encounter. Don't wait for a tough encounter to happen to you. Plan for it.

The good news is that self-care will help you practice good health habits throughout your life. It is among the most important global skills for interpreters in this field, and we invite you to add that special skill to your primary "toolbox."

Section 9.1: Review

Objective 9.1

After completing this objective, you will be able to:

Review three key aspects of this curriculum that support interpreting for survivors of major trauma.

This program is unique. As a result, despite the specific content in each module, every interpreter takes away something a little different from the program.

Here are examples of lessons learned from life experience that may be useful to you when you interpret for refugees and torture survivors.

Story 1: Rape and gender

> *The first job I had was a weekly interview for a new client* [at a torture treatment center]. *And it was a woman.* [This interpreter is male.] *So there were a lot of sexual issues of gender and language. It was about a month into the sessions when we finally started talking about the torture experience. She said she was raped. And she said, "On m'a violée, ils m'ont bien violée." ("They raped me. They* ***really*** *raped me"—a very difficult statement to interpret on the spot.) She was almost smiling. I said, "They raped me. They raped me good."* [This excellent interpretation lowers the register somewhat but otherwise captures the tone, intent and meaning of the message.]
>
> *I didn't want to pause. It didn't hit me what I had interpreted until I walked out, because I tend to be very focused. At the time, the thing was to interpret as accurately as I could and I didn't consciously think, "I need to make sure I don't pause there so she doesn't think I made her feel uncomfortable and I want to make sure I interpret that like I interpreted everything else." I really don't remember doing [all] that consciously. But I did.*

Lesson learned: Many things here challenged the interpreter. First, the delicate phrase itself was actually quite hard to interpret. Second, the client's emotional expression didn't seem to match the content of what she said. (This type of emotional disconnect is not unusual, but the interpreter must

not show a reaction.) Third, the impact of interpreting such statements can truly throw an interpreter off course. Finally, it can be even harder to interpret sexual matters if you are a different gender than the client.

In other words, many complex skills come together even to interpret a single sentence. This interpreter was ready. His skills had become automatic.

Story 2: A psychiatrist: Culture and the interpreter

> *When I initially began this work, the first Cambodian patient I ever saw, we talked about this woman's history. She'd lost many members of her family. At some point, she'd become tearful about all these losses, and basically the session finished.*
>
> *I was thinking, "Yes I can do this." I felt connected [though] it was a culture I'd never had exposure to.*
>
> *And then the interpreter responded, "How can you do that?" I was really taken aback because I had thought everything had gone really well. And where [the interpreter] went with it was that I had made [the client] cry and that was embarrassing to the woman. And I'm not sure that I "made her cry," but in any event what we were talking about was obviously sad. So that was [a] cultural event.*

Lesson learned: This interpreter criticized a psychiatrist for making a client cry. This behavior was inappropriate and jarring for the psychiatrist. Interpreters in this field who are not competent and well-trained can interfere with the provider's ability to understand and support the client. They may also give a stereotyped impression of a culture.

Story 3: The interpreter and the dressmaker

> *One of the clients I work with [at a torture treatment program] is a dressmaker. She's never met my wife, but I went to a number of appointments with her, and she was very grateful. She kept asking me if my wife would like an African dress and what her dress size was. The first time around I said, "Oh, thank you, that's great but really you don't need to." But she was really curious about it and kept bringing it up. I said, "It's immensely generous of you. I'm not doing this because I expect any reward, and seeing you make progress is my best reward."*
>
> [Still she kept insisting so one day the interpreter finally said:]
>
> *"I'm really touched by what you're saying, but I can't accept any reward. Your well-being is what I'm working for. But I'll tell you what. Once you get your asylum and you open your shop, I'll be your first client. And I'll get a dress for my wife."*

Lesson learned: Learning how to say no graciously while still respecting the client's cultural and personal values is a critical skill when interpreting in this field. This interpreter was able to bring all their skills together to avoid accepting a gift while remaining kind and compassionate.

Lessons from modules

This program has covered a broad territory. The first three modules focused on mental health interpreting and covered concepts of trauma—with a special focus on torture and war trauma—how interpreters can manage their emotional responses and the importance of a wellness plan and how to "build" one.

The remaining modules focused on interpreting. Module 4 introduced you to strategies for adapting basic medical and legal interpreting ethics to this extreme field. Module 5 focused on how to intervene effectively to address a communication barrier and Module 6 tackled cultural issues that can affect survivors and interpreters during a session and how interpreters can best handle them while respecting and supporting the survivor's autonomy. Module 7 focused on some specific legal issues that arise often when interpreting for survivors, while Module 8 looked at the impact of sexual and domestic violence on survivors, interpreters and the interpreted session and special techniques for interpreting for survivors of such violence.

What lessons did *you* take from these modules?

Activity 9.1: *Healing Voices* review

Instructions for classroom

1. In groups of three, decide on the three most important and valuable lessons you have taken from this program. Also, identify, by number, the module that each lesson comes from.
2. Post the three lessons your team agreed on and the corresponding module numbers on chart paper, using tape provided by your trainer. (**Note:** one "lesson learned" could have more than one corresponding module number.)
3. Be prepared to tell the group about your three points.

Instructions for self-study

1. Think about the three most important and valuable lessons you have taken from this manual and identify the module that each lesson comes from.
2. Consider discussing your answers with other interpreters studying this manual.

Section 9.2: Terminology

Objective 9.2

After completing this objective, you will be able to:

Practice techniques to interpret relevant terminology, concepts, emotionally charged phrases and/or complex cultural references in the target language.

Overview of terminology concerns

There are several categories of terminology that are often difficult for interpreters who interpret for survivors. Those categories include:

- Terms related to torture, beatings and extreme trauma
- Legal terminology (in legal services) and immigration terms (e.g., "parolee")
- Concepts in mental health and medical interpreting (e.g., "flashbacks," "post-traumatic stress disorder" and "forensic medical exam")
- Emotionally charged phrases (because we find it difficult to interpret if our own emotions are engaged, e.g., when interpreting obscenities, graphic torture practices, mass murders, death of family members or details of rape)
- Complex cultural references (often related to religion, marriage, kinship, rituals, sexual practices, etc.)
- General terminology that isn't often used (e.g., "He kicked me with steel-toe boots.")

Different Terms

Question: What difficulties have you observed when working with interpreters?

Psychiatrist: *I think it may be when there are different dialects. So the interpreter may not understand the term or the language or the euphemism. I can remember talking to a Cameroonian woman whose translated phrase was "My heart falls down." What she was talking about in that context was panic symptoms!*

Strategies for enhancing your terminology

Research

General research

The single best skill you can practice to enhance your terminology is the same as in any other area of interpreting: Research the assignment ahead of time to assess what terminology will come up.

Whether the terms are technical, legal, social, cultural or emotional, or any terms related to types of torture or major trauma that the client may have experienced, try to learn them ahead of time. Then study those terms, making lists as needed (print or electronic as you prefer).

Some interpreters like to make their lists for sector-specific terminology on little spiral-bound notepads; others enjoy creating lists in Excel or Word tables, while others prefer their smartphones. Find out what works for you.

In general, you should also consider the following:

- Research the client's country of origin.
- Read about the recent social, political or war history in that country or region.
- Read anything related to torture or imprisonment practices in that country or region.
- Find information about the client's culture.

Reviewing relevant terminology, though helpful, may be less important than studying the social history of the client's country of origin and preparing yourself emotionally. Remember: Emotional distraction or surprises can interfere with your mental ability to find accurate translations for challenging terms. So information about the client's country and terms for torture or other terrible practices can help you prepare emotionally as well as linguistically.

In addition, if you are primarily a legal interpreter, but you sometimes perform interpreting for survivors in areas like mental health or medical, or vice versa (if you are a medical interpreter who sometimes interprets for lawyers), research the area of interpreting that you practice the least so that you are familiar with the culture of that service system and its generic terminology.

Torture terms

In the Glossary References of this manual, you will find a list of organizations that work with torture survivors. Several of the organizations include glossaries or dictionaries that have terms related to torture and trauma as well as terms used in mental health, medical and legal interpreting for survivors. Make sure that you know the translations (in the appropriate register) for common terms before you interpret for survivors. Create a personal list of terms based on your own experience with survivors.

Emotionally Charged Terms and Phrases

One interpreter has found that medical interpreting in general has helped her to improve her interpreting for certain kinds of terms that come up with survivors. She reports:

I think medical interpreting has helped a lot with the sexual things and the bodily things. I've been in a medical situation where the man is talking about problems with impotency, and he's right out in the open talking with the doctor, so that's what I'm doing too. It helps with terminology and with the subject matter. I'm aware that this is sensitive, so I go deeper into my responsibility to [remain impartial].

Practice

Whether your lists or personal topic glossaries are general or specific, and in print or electronic, try covering up the terms in your weaker language to see if you can interpret them. This practice is excellent preparation for the session.

Cultural references

If you are not a native speaker of the language and not familiar with key cultural references, you may wish to communicate with a local refugee resettlement agency or torture treatment center that serves clients from that culture or find another interpreter from the culture. Ask about and discuss some common cultural issues that can arise when interpreting for survivors.

Emotionally charged terms and phrases

Find out, through experience, which kinds of phrases or descriptions are likely to throw you off track and undermine your performance. Make a special list and practice those terms to desensitize yourself.

To some degree, sheer experience in the field will also help to desensitize you to the emotional impact.

If you have difficulty interpreting curses and obscene language, be sure to practice interpreting the most common terms, especially from the non-English language into English.

Briefing

In order to prepare effectively and learn about key terms you may need to interpret, try to contact the provider and hold a briefing, even by phone. If you work for an agency, contact them and see if they can arrange the briefing with the service provider.

A briefing is different from a professional introduction. It is held before the session and only with the provider. The goal of a briefing is for you both to find out and convey any information that will make the session go more smoothly.

A briefing is often confused with a pre-session. A pre-session often just refers to the interpreter's introduction to both or all parties. Community interpreters ideally perform a quick introduction for both the client and the provider in order to inform both parties how to best communicate when working with an interpreter.[32] (Court interpreters generally do not perform a briefing other than taking an oath to swear to tell the truth. However, legal interpreters may have the ability to do a briefing with the legal team prior to a deposition, a court hearing or lawyer-client interviews.)

For healthcare interpreters, NCIHC describes the pre-session as follows:

> *A short discussion, held prior to the interpreted session, between the interpreter and the service provider or between the interpreter and the ... patient. With a patient, the pre-session serves to introduce the interpreter, establish rapport, inform the patient as to how the interpreter will work, and allow the interpreter to assure that (s)he can understand the patient's speech. With a provider, the pre-session serves to introduce the interpreter, establish a collegial relationship, inform the provider as to how the interpreter will work, and provide the opportunity for the provider to share any information about the upcoming session that might be helpful to the interpreter. Depending on the context and the time available, pre-sessions can be as short as 30 seconds or as long as 15 minutes* (NCIHC, 2008, p. 7).

A true briefing is different: It is a meeting alone with the provider, in person or by phone, to discuss the session itself and how it will proceed. It is a valuable opportunity, particularly in mental health and legal interpreting, to know the nature of the appointment and prepare for terminology and other aspects of the session.

For this reason, a briefing is preparation that improves the professional quality of the interpreting. Standard 20 of the *National Standards of Practice for Interpreters in Health Care* states:

> *The interpreter is prepared for all assignments. For example, an interpreter asks about the nature of the assignment and reviews relevant terminology* (NCIHC, 2005, p. 9).

[32] Of course, if the service provider and/or client work regularly with the same interpreter, such an introduction will not be necessary after the first session or two.

It may be particularly useful in mental health settings to ask the provider before the session about (1) the goals of the session and (2) any important background you should know about the mental state of the patient. Knowing if the patient has severe mental trauma, and if they have a history of becoming upset, dissociative or physically disruptive, may help you adjust your technique.

From a needs assessment conducted by The Voice of Love Project (Bambarén-Call et al., 2012), we have learned that many providers do not routinely offer briefing opportunities to the interpreters they work with. Therefore, you will need to "teach" the provider and/or agency you work for about the briefing and include it as a frequent and routine aspect of providing services to survivors. It not only helps for a smoother interpreting experience but also will help you, the interpreter, better prepare for the intense information that you will be relaying.

Legal terminology

Why legal terminology is different

Legal terminology is so important that it merits a special category of guidance. As we have mentioned, it is common in trauma-informed and other community services to survivors that volunteer interpreters are asked to perform legal interpreting, even if they lack specialized training in that field. As a result, volunteer interpreters—and you may be one of them—typically lack a deep knowledge of legal terminology.

Another problem is that the government of a particular country is not always required to pay for interpreters for asylum applicants. As a result, you may be asked to interpret for survivors who are applying for asylum, *and your mistakes could potentially jeopardize the asylum application, potentially exposing the asylee to deportation to the country where their life may be at risk.*

Unfortunately, two focus groups for survivors held during the needs assessment phase for this curriculum revealed several stories of applicants denied asylum due to poor interpreting. These are tragic cases.

While of course you will still want to research each assignment, including legal assignments, to prepare terminology and follow the guidance given to you above, here are some special comments about legal terminology.

A general strategy for handling legal terminology

Terminology is so important in legal interpreting that one lawyer who runs a nonprofit legal interpreter service advises that for each and every term you don't understand, ask the lawyer to explain it. After all, if you don't understand it, not only can you not interpret it: but also the client may not understand it either.

However, lawyers who are not trauma informed who work with interpreters often expect the interpreter to interpret terminology in a way that the client understands. This is a risky practice. It leads interpreters to simplify, paraphrase or explain the terms in question. Avoid doing so.

The lawyer mentioned above reports the following:

> *I have heard of [legal services] providers asking specifically for interpreters who have interpreted in certain settings—asylum for sure. And housing and benefits. They are asking for interpreters who have expertise in that terminology. I say, "I'll see what I can do. I can't say they're an expert in that terminology of law." So the other thing is the education of the providers. I say, "Even if the interpreter is not an expert you, as a provider or lawyer, would explain the term, and the interpreter would interpret the explanation." It's something you would do for English-speaking clients anyway. You don't spout these words off to a client: You explain, "An I-602 application is this."*

So if you don't know a term well, or simply find it difficult to interpret (for example, you're not aware of any conceptual equivalent for that term in the target language), ask the lawyer to explain the term or phrase. Then interpret the explanation.

Specific strategies for handling legal terminology

However, you should still try to build up your legal terminology in this field. In addition to memorizing various legal terms, save or print the online glossary created by the U.S. Citizenship and Immigration Services (USCIS) or by the Immigration and Refugee Board of Canada (IRB), or, if you live in another country, any public glossary of official immigration terms.

The USCIS glossary is available at https://www.uscis.gov/tools/glossary

The IRB glossary is available at https://irb-cisr.gc.ca/en/board/Pages/GloLex.aspx

Or simply type "USCIS glossary" or "IRB glossary" (or the immigration services glossary for your country) into a search engine like Google.

Here are three examples of definitions from the USCIS online glossary:

> ***Asylee:*** *An alien in the United States or at a port of entry who is found to be unable or unwilling to return to his or her country of nationality, or to seek the protection of that country because of persecution or a well-founded fear of persecution. Persecution or the fear thereof must be based on the alien's race, religion, nationality, membership in a particular social group, or political opinion.*
>
> ***Lawful Permanent Resident:*** *Any person not a citizen of the United States who is living in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant. Also known as "permanent resident alien," "resident alien permit holder," and "Green Card holder."*
>
> ***Parole:*** *The discretionary decision that allows inadmissible aliens to leave an inspection facility freely so that, although they are not admitted to the United States, they are permitted to be physically present in the United States. Parole is granted on a case-by-case basis for urgent humanitarian reasons or significant public benefit. Parole is not an "admission" or "entry." The paroled alien is treated as an applicant for admission. Parole falls under INA section 212(d)(5)(A).*
>
> ***Parolee:*** *This is an individual who is paroled into the United States. See Parole.*

As you can see, immigration terms often mean something different from what you, the interpreter, might think they mean. Therefore, if you interpret for survivors in legal services, try to study the terms on the USCIS website regularly to make sure you know them well.

Register

You may be tempted to simplify a provider's register (level of language) when a lawyer, paralegal or immigration specialist uses challenging terms. You may simplify them with a good intention to help the client understand. You may be tempted to simplify legal terms, especially if you interpret for refugees and asylees in languages of limited diffusion, and there may be some cultural pressure on you to do so.

Avoid this temptation! Do not change the register of any terminology, but especially not legal terminology. If you do, you may accidentally change the meaning.

As discussed in Module 4, the *National Standards of Practice for Interpreters in Health Care* and many legal (and other) interpreting codes of ethics and standards of practice around the world prohibit changing register. As then discussed in Modules 4 and 5, there are more effective ways to address the problem of a client not understanding a provider than simplifying the provider's message.

It is also more educational for the provider for the interpreter to request that the provider explain anything that may not be clear enough for the client to understand. See Module 5 for details.

Activity 9.2 (a): Terminology

Instructions for classroom

1. Divide into same language pairs, where possible.
2. Go to the Glossary References in this manual. Search online to find a glossary or dictionary that has terms related to trauma.
3. Identify at least 10 terms that would be difficult for you to convey in the target language.
4. If your partner speaks the same language, work to find equivalents for those terms.
5. Dictionaries, smartphone glossaries, translations websites like www.wordreference.com, etc., are permitted. However, be careful: Such resources may or may not provide good translations for the terms you are translating.
6. Discuss any cultural dimensions of the terms and their translations.

Instructions for self-study

1. Go to the Glossary References in this manual. Search online to find a glossary or dictionary that has terms related to trauma.
2. Identify at least 10 terms that would be difficult for you to convey in the target language.
3. Work to find equivalents for those terms.

Activity 9.2 (b): Terms for culture, obscenities and mental health or medical concepts

Instructions for classroom

1. In pairs, identify five words from an online glossary (see Glossary References) that might be difficult to interpret for cultural or social reasons.
2. Now write down at least five obscenities or coarse words in your non-English language that would be difficult to render into English, either for emotional reasons or because no literal equivalent exists.
3. Identify five mental health or medical concepts in English, such as "flashbacks," or "forensic medical exam," that would be hard to render into the non-English language.
4. If time permits, write simple sentences using some or all of your 15 terms.
5. Take turns interpreting these sentences into English (for the cultural terms and obscenity terms) or into your other working language(s) (e.g., mental health or medical concepts).

Instructions for self-study

1. If you are studying this manual on your own, follow the instructions above to identify 15 terms.
2. Write simple sentences using some or all of your 15 terms.
3. Interpret these sentences into English or into your other working language(s).

Section 9.3: Self-care assessment

Objective 9.3

After completing this objective, you will be able to:

Perform a self-care assessment.

Why self-care matters

Many interpreters find this work to be challenging. When we interpret for survivors, we often hear about life circumstances that impact us emotionally.

In healthcare and in legal interpreting, often our clients are the people with the least power and with the deepest life challenges. Perhaps in no area of interpreting is that truer than when interpreting for survivors.

Take Care of Yourself

Question: What is your biggest advice for interpreters?

Psychiatrist: *Internalize the extraordinarily important role that they have as vehicles of healing, along with the clinicians they're with.*

I think people have come from places in the world where they've been extraordinarily betrayed, and an interpreter is an important figure. In these initial interactions where someone is reaching across a language and cultural divide to communicate with people from another world, the role of the interpreter is important in helping to create that environment of safety.

I guess if I were to answer that question again it would be also that [interpreters] learn how to take care of themselves. That's really important in this work.

Many interpreters have developed routines of self-care that range from debriefing with coworkers or family members (without divulging any of the client's identifying details) to personal practices such as yoga or exercise. Such debriefing, as we saw in Module 2, may be crucial in this field.

However, there are many other strategies you can consider.

Self-care and standards of practice

Self-care is discussed in detail in Module 3. It is also addressed in the various standards of practice for healthcare interpreters. The California Healthcare Interpreting Association (CHIA), for example, provides specific guidance in Section 2, Standardized Interpreting Protocols, titled "Health & Well-Being of the Interpreter" (CHIA, 2002, pp. 37-38):

> *Following the interpreted session, it is important for interpreters to recognize and address their need to recover from highly emotional and stressful encounters by taking a brief time out or finding resources for emotional support within the boundaries of patient confidentiality.*
>
> *Interpreters are not machines. The intense work of interpreting in healthcare settings is often stressful. Patients are often frightened, confused, tense or uncertain and may react in negative ways. This may result from frustration at the slow (or quick) pace of the session, difficulty in making themselves understood or in understanding what the provider is saying. Patients may direct their feelings at the provider and sometimes at the interpreter. Providers, on the other hand, may behave in a frustrated manner, appearing to be hurried or critical of the patient, or even of the interpreter. These interactions may cause interpreters to feel uncomfortable, sometimes inadequate, even angry.*
>
> *Interpreters may find themselves suddenly interpreting emotionally-charged subject matter, such as a diagnosis of a terminal illness, a bad prognosis for an illness or injury, or a death announcement* [or detailed descriptions of torture or war]. *At other times, interpreters may be uncertain about the patient's or provider's expectations, while perceiving tension and frustration in the session.*
>
> *Interpreters may already feel under stress. They may be concerned about making mistakes, working for the first time with a provider or a patient. They could be working with individuals with difficult personalities, calming an agitated or fearful patient, or interpreting complex subject matter and technical terminology.* [The interpreter

We Go On

Question: Were you ever in a situation where you got so overwhelmed you had to stop interpreting?

Interpreter: *I've never been in a situation where I had to stop interpreting. I think the hardest thing I had to do was with the sole survivor of a massacre where a thousand people, including her neighbors and all four of her children, were killed. Did I cry? Yeah. Did she cry? Yeah. But did we go on? We did. It wasn't the first time she'd told the story. In a sense yes, I was feeling overwhelmed. Your voice cracks, and you have to stop for a few moments. But I still remembered what she said, and I still interpreted it.*

may have experienced horrendous acts and may have an emotional response to what the client is describing]. *It is critical for interpreters to be aware of their own level of emotional responses to what is happening around them, and to know how to protect their own health and well-being.*

The National Standards of Practice for Interpreters in Health Care indirectly address self-care in the section on professionalism in Standards 28 and 30 (NCIHC, 2005, p. 10).

> **Standard 28:** *The interpreter seeks feedback to improve his or her performance. For example, an interpreter consults with colleagues about a challenging assignment.*
>
> **Standard 30:** *The interpreter participates in organizations and activities that contribute to the development of the profession. For example, an interpreter attends professional workshops and conferences.*

Self-care techniques

As discussed in Module 3, it is essential that anyone who interpreters for survivors develop a personal routine for self-care. Secondary trauma, discussed in detail in that module, *is real.* Interpreting for survivors of major trauma appears to be far more stressful than general community or legal interpreting, and it can also be exhausting.

As you recall from your wellness plan in Module 3, you may want to make a list of all of the practices that you find soothing, and then make sure you have the items needed to use these self-soothing practices. For example, if you find chamomile tea to be relaxing, make sure your home is well-stocked with chamomile.

Here is a list of some of self-care techniques that you may wish to consider:

Aromatherapy

Sage has traditionally been used by some Indigenous peoples for healing. When burned, the smoke is used to cleanse an area or a person from "bad spirits," or to make an area ready for sacred or spiritual pursuits. This may not be your personal tradition; however, you may find a way to utilize aromatherapy for self-care. Some interpreters carry a sprig of rosemary or lavender with them, plants that are widely available since they are often planted in landscaping. When you need to feel more centered and less stressed, inhale the aroma from the leaves of these plants.

Relaxation and the five senses

Try to engage in a moment of relaxation where you pay close attention to your five senses: feeling, smelling, hearing, tasting and seeing. Taking a moment to focus on the physical interaction between you and your environment may help you to feel more centered, more present, and able to focus on your body rather than on your worries or clients' trauma.

Writing your feelings

Many people find that writing helps to relieve stress. You might write a single word, such as a feeling that you experience immediately following an interpreted session. Or you may choose to keep a journal each day. If you journal, be sure to avoid using the client's name or any explicit identifying information about clients, since that would be a breach of confidentiality. Even though your journal is for you alone, you cannot be certain that it would not be seen by anyone else. Furthermore, written information could be subpoenaed for use in court, so caution is important.

Breathing

During or after a difficult session, you might take a deep breath or sigh. These are natural and human responses to stress. However, breathing deeply, consciously and fully can help you to relax and recover after a stressful interpretation. This kind of breathing is sometimes called yoga breathing.[33]

- Try to find a quiet place, free from any distractions, and also one which is well-ventilated with fresh air. Some facilities have roof gardens or patios.
- Make sure you are sitting in a comfortable, relaxed position.
- Sit with your spine straight, and perfectly upright, and close your eyes if you feel safe doing so.
- Breathe naturally for a few minutes, letting go of any tension in your body and calming your mind.
- When you feel at ease, begin inhaling and exhaling deeply and slowly, counting to six (roughly six seconds) during the inhalation, and then six counts for the exhalation. (There are many variations of this routine, such four seconds inhaling and eight seconds exhaling.)
- Perform 6 to 10 rounds of this breathing and then allow yourself to relax and breathe in a calm manner.
- Open your eyes, sigh and then return to your activities.

However, be aware that if you yourself have a past history of significant trauma, certain types of deep breathing activities might not be helpful or appropriate for you. If you are not certain, or you notice that deep breathing exercises feel stressful and not relaxing, do not perform them and seek consultation with a licensed therapist.

Talk with someone

Debriefing an emotionally charged interpreting session could be the most important thing you do to take care of yourself. As mentioned previously, CHIA proposes debriefing with your supervisor. However, you also may ask the provider if they have a few minutes to speak with you after interpreting. Many therapists in particular are willing to do so.

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33 Adapted from *Discover Yoga.* Three yogic breathing techniques for stress relief. Retrieved from: https://www.discoveryogaonline.com/blog/breathing-techniques-for-stress-relief

Although it is not the provider's job to take care of you, a short debriefing conversation may be helpful to you both.

If the provider is rushed, has another client waiting or the conversation would otherwise be inconvenient, find someone else with whom you can talk. This may be a supervisor, a colleague or even a trusted friend. Remember not to disclose the identity or any identifying details of the client you have interpreted for.

If you find that you are developing uncomfortable symptoms of vicarious or secondary trauma such as those described in Module 3, you may want to consult with a psychotherapist or counselor who specializes in healing from trauma.

Knowing When to Take a Break

Therapist: *Once in court I was sequestered waiting for my turn to testify, and my client apparently was crying a lot, almost hysterically. The court-appointed interpreter couldn't tolerate it and asked the judge could she leave, and then my client didn't even know [the interpreter] was gone. She kept testifying in this dissociated state.*

I had raised this issue at one meeting [of therapists] where they were encouraging interpreters to take a break when it got too much. And I feel you need to train and develop the interpreters so that they don't need to leave if possible, or not in that instant.

Or maybe the professionals might see what's going on and try to gear back the intensity so that maybe the interpreter doesn't need to take the break just then.

Take a break

It cannot be emphasized enough: Accuracy goes down when the interpreter is tired or emotionally drained. You may simply have to take a break—but try to plan for it rather than springing it as a surprise on the provider and the client.

Here is what CHIA says about taking breaks in medical interpreting, and it is good guidance for mental health and legal interpreting as well:

> *CHIA supports the call of the American Society for Testing and Materials (ASTM) 'Guide F2089-01 Standard Guide on Quality Language Interpretation',*[34] *in acknowledging that healthcare interpreting is hard work. CHIA recommends that two interpreters work as a team for interactions lasting more than 45 minutes, and that interpreters be given a 10-15 minute break after working continuously for an hour. After emotional encounters, interpreters need to be able to take a time-out and to seek debriefing, possibly with their supervisor…CHIA also recommends that organizations employing interpreters help protect the health and well-being of their staff by offering workshops. Topics include handling difficult situations, managing conflict and anger, dealing with anxiety, stress and other emotions, and nurturing oneself* (CHIA, 2002, p. 38).

Yawning

Some people laugh when they feel nervous. For example, sometimes interpreters have laughed when interpreting information about rape or other terrible events, which is

34 This 2016 ASTM standard is being revised.

unfortunate. If you are feeling stressed or horrified and want to avoid showing how you really feel during a session, a body of research in neuroscience suggests that yawning can relax you and enhance your alertness, social awareness and communication skills. Yawning is quick, cheap and effective! Here is what it appears to accomplish.

Yawning stimulates a tiny structure in the brain called the precuneus that is associated with consciousness, memory retrieval and self-awareness. In addition, yawning is associated with neurochemicals such as dopamine and oxytocin associated with memory and recall. For decades, voice therapists have advised yawning as a means to reduce performance anxiety and hypertension in the throat—relevant advice for those interpreting for survivors.

So if you are alone, go ahead and yawn. It won't hurt you and it may relax you—and enhance your memory, attention and communication skills!

Tips on yawning: If you are interpreting and need to yawn to relax your vocal cords, let both parties know and look away and cover your mouth when yawning. Be aware that yawning is a social cue that suggests boredom or exhaustion for many native English speakers.

Is it all right to touch clients?

One of the most difficult challenges facing interpreters in this field, and one that has a direct impact on their emotional well-being, is the toll that it takes to interpret stories and process the feelings associated with intense trauma while maintaining professional boundaries.

Perhaps no issue illustrates this quandary like the natural human desire (perhaps especially for female interpreters) to touch someone in distress, as a gesture of comfort.

Here are two different voices and opinions from interpreters in this field followed by the opinion of a former medical interpreter:

Interpreter A

It's very, very hard when the client becomes overcome emotionally not to put a comforting hand on their shoulder or their arm. I think early on—this is probably going to be my ninth year—I think really early on there is a case where I might have put my hand on the client's arm. But I don't now, and I understand. I might help reach for the tissue box, but from what I understand [not touching is] like a form of respect for the client. Because I've worked in Africa so much, I know that when people provide comfort to one another, putting a hand on someone's shoulder or arm (woman-to-woman, not woman-to-man): That is just totally natural. So it can be very hard to resist.

Interpreter B

I guess when in these situations...I'm not in the situation of being a friend really, but there is an element of comfort in pausing or kind of just putting your hands on [their] shoulder or lightly touching someone. And that's not something I would consider crossing an ethical line. It's just

part of being human. You don't check your humanity at your door when you go into the room to be an interpreter, especially when you're working with [survivors] of torture and trauma. They don't need to be treated with coldness and distance. Inappropriate closeness isn't helpful either. But they need to be treated as human beings.

Interpreter C

My general policy when interpreting was to provide those small measures of physical comforting ***only when initiated by the patient*** *and only woman-to-woman. Anthropologists tell us that, to a large degree, who-can-touch-who is a measure of power in society; more powerful people initiate touch, less powerful people do not, unless it is in structured settings like someone providing a service for another. So, generally speaking, I have refrained from initiating touch of any sort, as a form of respect, unless the patient reached out to me. I also wonder, though do not know, if touch may have an additional negative meaning for people who have been so abused. I fear that my genuine desire to show support, symbolized by reaching out to touch someone, may be "felt" by the person in a very different way.*

That said, you will need to resist your desire to touch a distressed survivor on a number of grounds. Those grounds include:

- Transparency of role: If the interpreter touches a client, boundaries are blurred because the interpreter may appear to be acting like a friend or acquaintance.
- Trespassing on the provider's role: Especially in mental health settings, the provider is responsible for the session and often for the client's well-being during the session. It is not the responsibility of the interpreter to make decisions about whether touching a client might be appropriate.
- Psychiatric concerns: One of the authors of this manual, a psychiatrist, reports that with the psychiatric encounter, touching is viewed as crossing a boundary—even if done by an interpreter with the best intentions in mind.
- Therapeutic concerns: Another author, a psychologist, suggests that any comforting should come from the therapist (if appropriate), not the interpreter, and the interpreter should take their cues as always from the therapist.
- Medical appointments: If you have an exceptional and legitimate reason to suggest touching the client, such as the interpreter who during dental appointments and surgery held the hand of a survivor who had been tortured in part through having their jaw smashed (so that the survivor could squeeze the interpreter's hand if they wanted the dentist or dental surgeon to stop), then *make sure the request either comes from the survivor or that you ask the survivor first if they want to be touched in this way.*
- Legal appointments: Never take any independent action, including touching, that was not advised by the legal services provider. You are not qualified to assess the legal implications of your acts. You are there to interpret, and there are other ways to show your humanity that do not involve touch (see below).

It can at times be challenging to maintain one's boundaries when witnessing deep and profound distress. However, in almost all cases, touching the client is not the answer.

Instead of touching a client, you can find alternative ways of demonstrating your supportive state of mind. This will actually help you and may soothe some of the distress that you may feel about maintaining your boundaries.

For example, you could show support in the following ways:

- Maintain a warm demeanor.
- Smile when appropriate.
- Thoughtfully maintain a sense of kindness and concern, even mentally, for the client's well-being (without becoming directly emotionally involved in the client's distress).
- Soften your body language.
- Align your body slightly in the direction of the client (even if you are not making eye contact).
- Ensure that your height does not overwhelm the client (for example, if the client is sitting, you should also sit. If the client is a child, you may want to sit on the floor or a stool).
- Uncross your legs and arms to display openness.
- Remember that this is not a social encounter but a clinical, legal or otherwise professional encounter.

Activity 9.3 (a): Relaxation exercise: The five senses

Instructions for classroom

1. Listen carefully as your trainer reads out the following instructions.
2. Try to follow them, if you feel comfortable doing so.
3. For your own information, the instructions are below.
    - Close your eyes.
    - Feel your heartbeat.
    - Breathe deeply three times.
    - Now breathe through your nose and try to detect one aroma in the room.
    - Listen to the sounds and try to hear the sound that is farthest from the room—and also the sound that is closest to you.
    - Taste the flavor within your mouth.
    - Open your eyes and look at each detail of the items on the table or in your lap.
    - Now look at each detail of the thing farthest away in the room.
    - Finally, stretch and breathe deeply.

Instructions for self-study

1. Search online for a breathing exercise or guided mindfulness meditation practice, such as a body scan.
2. Determine if this is a practice that would be useful to incorporate into your self-care plan.

Activity 9.3 (b): Self-care assessment

Instructions for classroom

1. Divide into pairs.
2. Refer to the self-care assessment worksheet handed to you by your trainer. (It is from Saakvitne et al., 1996, and is reproduced below.)
3. Fill it out.
4. Note any themes in your answers (for example, perhaps you get a great deal of physical exercise but sometimes neglect other areas of self-care).
5. Now take out your wellness plans from Module 3. Compare the two documents.
6. Discuss with your partner any changes you might wish to make to your wellness plan, or your specific plans to use the results of the assessment.

Instructions for self-study

1. Fill out the self-care assessment worksheet below.
2. Note any themes in your answers.
3. Now compare this to your wellness plan completed while working on Module 3.
4. Determine if there are any changes you might wish to make to your wellness plan to use the results of the assessment.

Self-care assessment worksheet

This assessment tool (Saakvitne et al., 1996) provides an overview of effective strategies to maintain self-care. After completing the assessment, choose one item from each area that you will actively work to improve.

Using the scale below, rate the following areas in terms of frequency:

5 = Frequently
4 = Occasionally
3 = Rarely
2 = Never
1 = It never occurred to me

Physical Self-Care

- ___ Eat regularly (e.g., breakfast, lunch and dinner)
- ___ Eat healthy
- ___ Exercise

- ___ Get regular medical care for prevention
- ___ Get medical care when needed
- ___ Take time off when needed
- ___ Get massages
- ___ Dance, swim, walk, run, play sports, sing or do some physical activity that is fun
- ___ Take time to be sexual—with yourself, with a partner
- ___ Get enough sleep
- ___ Wear clothes you like
- ___ Take vacations
- ___ Take day trips or minivacations
- ___ Make time away from telephones
- ___ Other:

Psychological Self-Care

- ___ Make time for self-reflection
- ___ Have your own personal psychotherapy
- ___ Write in a journal
- ___ Read literature that is unrelated to work
- ___ Do something at which you are not expert or in charge
- ___ Decrease stress in your life
- ___ Let others know different aspects of you
- ___ Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
- ___ Engage your intelligence in a new area, e.g., go to an art museum, history exhibit, sports event, auction, theatre performance
- ___ Practice receiving from others
- ___ Be curious
- ___ Say no to extra responsibilities sometimes
- ___ Other:

Emotional Self-Care

- ___ Spend time with others whose company you enjoy
- ___ Stay in contact with important people in your life
- ___ Give yourself affirmations, praise yourself
- ___ Love yourself
- ___ Reread favorite books, review favorite movies
- ___ Identify comforting activities, objects, people, relationships, places and seek them out
- ___ Allow yourself to cry

- ___ Find things that make you laugh
- ___ Express your outrage in social action, letters, donations, marches, protests
- ___ Play with children
- ___ Other:

Spiritual Self-Care

- ___ Make time for reflection
- ___ Spend time with nature
- ___ Find a spiritual connection or community
- ___ Be open to inspiration
- ___ Cherish your optimism and hope
- ___ Be aware of nonmaterial aspects of life
- ___ Try at times not to be in charge or the expert
- ___ Be open to not knowing
- ___ Identify what is meaningful to you and notice its place in your life
- ___ Meditate
- ___ Pray
- ___ Sing
- ___ Spend time with children
- ___ Have experiences of awe
- ___ Contribute to causes in which you believe
- ___ Read inspirational literature (talks, poems, etc.)
- ___ Other:

Workplace or Professional Self-Care

- ___ Take a break during the workday (e.g., lunch)
- ___ Take time to chat with coworkers
- ___ Make quiet time to complete tasks
- ___ Identify projects or tasks that are exciting and rewarding
- ___ Set limits with your clients and colleagues
- ___ Balance your caseload so that no one day or part of a day is "too much"
- ___ Arrange your workspace so it is comfortable and comforting
- ___ Get regular supervision or consultation
- ___ Negotiate for your needs (benefits, pay raise)
- ___ Have a peer support group
- ___ Develop a nontrauma area of professional interest
- ___ Other:

Balance

- ___ Strive for balance within your work-life and workday
- ___ Strive for balance among work, family, relationships, play and rest

Activity 9.3 (c): Role play and self-reflection

Instructions for classroom

1. In groups of three, execute at least one of the following role plays.
2. Immediately after acting out the role play, discuss which aspects of the role play you would find the most difficult to perform in real life.
3. Now discuss what self-care techniques might help you after you interpret such an encounter.

Instructions for self-study

1. Read the role play scripts below.
2. Imagine you were the interpreter in these scenarios. List the aspects you would find most difficult to perform in real life.
3. Think of related self-care techniques that might help you after you interpret such an encounter.
4. Try to discuss these issues with other interpreters who are studying this manual.

Role play 1: Bosnian Muslim

Lawyer: So can you tell me more about what happened that day? Every detail, anything may be helpful.

Bosnian client: My job is baking bread. I am now 42 years old. On May 27, 1992, I was taking a midday nap at home. It is our custom to sleep after our lunch, and I had been napping for an hour when 25 police and soldiers came to my door and beat me. This lasted for an hour and a half. My family was watching all of this. My wife, my two sons, and my two daughters. The youngest was only three years old.

They took me to the police station a few miles from our home. I was there for six months—almost no food, no healthcare, it was freezing and dirty. My old neighbor, was the one who was torturing me most of the time. He used to live nearby, and we knew him well. His brother-in-law even worked in my bakery for six years, and his wife is Muslim, like us.

Vuckovic beat us with bare fists and metal pipes, sometimes hanging us from ropes and beating our genitals. Vuckovic often drank with other Serb soldiers and invited them to help themselves to the detainees.

He shouted racial epithets at us: “Sue cemo vas pobit” (“We’ll kill all of you”), and cursed Bosnian Muslims as an “izmislena nacija” (“invented nationality”). Vuckovic and the other soldiers played Russian roulette with us. They fired rounds over our head, mocking: “Even the bullets don’t want him.”

Role play 2: Delayed Surgery

The following role play (based on a true case scenario with all names changed to protect the identity of the participants) illustrates what can happen when healthcare interpreters suddenly find themselves interacting with a torture survivor in a medical setting.

As you practice this interpretation, please practice using the consecutive mode for most of the encounter, and switch to the simultaneous mode during the trauma narrative (when the patient speaks quickly).

Doctor: Good afternoon, Mrs. Medina.

Patient: Good afternoon, doctor.

Doctor: What can I do for you?

Patient: Doctor, I still have a lot of pain in my shoulders and wrists.

Doctor: Do you know why you are seeing me, instead of your primary care doctor?

Patient: Yes, it's because they're going to operate on me.

Doctor: Let's see...I want to know if you have been continuing with the exercises they showed you at physical therapy...

Patient: Yes, but the exercises don't help at all. Do you think that surgery will help my shoulders and hands?

Doctor: If you would have had the surgery three years ago, today you would have back the use of your hands. But now, I can't give you any guarantees. Why did you wait so long?

Patient: (*speaking rapidly, and emotionally, without any pauses*) Doctor, I wasn't ready to even think about surgery. I was harmed really badly back in my home country. I had been arrested since the police thought that I was part of the rebellion, just because my older brother was on their list. They took me down to the base and held me there without telling anyone where I was. They did a lot of horrible things to me, and I don't want to even talk about them. But my shoulders and wrists were damaged because they would hang me by my hands for many hours at a time, trying to get me to tell them who else was involved. I couldn't tell them anything, since I didn't know anything, but they never believed me. It's only since I have been here, now for a few years that I could even think about getting my wrists and shoulders repaired. Without my hands—I can barely find any work, and you know, I need to work!

Doctor: I see. This must be difficult for you.

Patient: So why should I even get the surgery?

Doctor: With surgery you should get some relief from the pain, but I'm not sure if you will get back the range of motion.

Patient: Why not?

Doctor: Well, if you had had the surgery earlier, the tendons would have responded better. But a long time has gone by; three years is too much to fix the tendons.

Patient: Doctor, so how long does the operation take? Do I have to have more than one operation?

Doctor: The surgery on your wrists will take about an hour. Your shoulders could take a lot longer.

Patient: I think I'll go ahead and get the surgery. I can't stand the pain any longer. I trust the hospital here. I guess that it's time for me to do whatever I can to put my past behind me, and fixing my hands will be the first step.

Doctor: All right, Mrs. Medina, now I need you to sign all these forms, so we can schedule the operation in two weeks.

Patient: So soon? Oh no. I'm not sure what to do to get ready for it!

Doctor: I understand. But now that you have made up your mind, it would be best to do the surgery as soon as possible. That way, there may be at least a chance of restoring some mobility and range of motion.

Patient: OK, doctor, thank you. I'll be waiting for all of the paperwork, and to get this over with.

Role play 3: Dreams

The following role play (based on a true case scenario with all names changed to protect the confidentiality of the patient) involves a 27-year-old man who sustained gunshot wounds to the neck and stomach. He has both physical and psychological injuries from the assault. "Samuel" is in the inpatient medical unit. He is hooked up to an intravenous (IV) line and the bedrails are up. He has a neck brace and is having difficulty speaking because of his injuries. Although the assault took place in the U.S., Samuel was an ethnic minority in his country of origin and was routinely harassed and harmed by men from the majority population, by the police and by landholders.

Doctor: Good afternoon, Samuel. I am Doctor Lee. I would like to talk to you for a few minutes, is that all right with you?

Patient: Yes.

Doctor: Is it more comfortable if I remain standing or sit at the chair at the end of the bed?

Patient: Whatever...

Doctor: How are you feeling?

Patient: Happy.

Doctor: Why are you happy?

Patient: I have no pain now.

Doctor: How are you sleeping?

Patient: Not very well...

Doctor: Is it because of the pain?

Patient: No.

Doctor: Why do you think you are not sleeping?

(*Samuel points to the neck brace.*)

Doctor: I'm sorry...Are you having dreams?

Patient: Yes.

Doctor: Are they good dreams or bad ones?

Patient: Good and bad.

Doctor: Tell me about your good dreams first. What are they like?

Patient: I see my father sometimes sitting over there (*points to the foot of the bed*).

Doctor: Where else do you see him?

Patient: Back home. I also see him there when I'm awake (*points to the foot of the bed*).

Doctor: What else do you see when you are awake?

Patient: I see myself walking there (*points to the edge of the bed*) and it makes me feel happy.

Doctor: What are your bad dreams like?

Patient: I see a person at the window who calls to me and says that I should throw myself out the window. (*pause*) Also, doctors tell me to go, that they don't want to give me any more medicine. Then, a car is following me.

Doctor: Don't worry, we are not going to stop giving you medicines. Do you see this only when you're asleep?

Patient: Also when I am awake.

Doctor: Do you recognize the person in the window?

Patient: He reminds me of someone...

Doctor: What do you do or think when the person tells you to jump out of the window?

(*Samuel partially moves the sheet off himself and tries to move one leg, as if to get up in order to show what he does.*)

Doctor: Do you get up?

Patient: I see myself standing and getting to the window to touch the person—but he isn't there anymore.

Doctor: Are you afraid you might want to jump?

Patient: No.

Doctor: Why do you want to go to the window?

Patient: I want to touch the person to see if he is really there.

Doctor: Have you seen him before?

Patient: In my dreams...He follows me to kill me.

Doctor: Why does this person want to kill you?

Patient: I don't know...Probably because he is on the other side.

Doctor: Have you been in a hospital before, or have you had surgery before? Or have you been injured before?

Patient: No.

Doctor: Did you have these experiences before you were shot, where you have these nightmares or these hallucinations while you are awake?

Patient: No.

Doctor: How is your experience here at the hospital?

Patient: Great. But I don't want to go home.

Doctor: Do you have family here?

Patient: No, they're all back home.

Doctor: Do you have friends here?

Patient: I have a friend.

Doctor: Does he come to visit you?

Patient: Yes, but he works.

Doctor: Does your family know what happened to you?

Patient: No...I don't want them to worry.

Doctor: Do you think that if we gave you some medicine that would help you sleep, and not cause bad dreams, and stop you from seeing bad things during the day or when you are not asleep, would you take it?

Patient: Yes.

Doctor: Do you remember what happened to you the day you got shot?

Patient: I was walking to my house from work. I felt a car was following me. When I turned to see, they shot me.

Doctor: Is this the same car you see in your dreams?

Patient: Yes.

Doctor: Do you think the person in the window is the same person in the car?

Patient: I'm not sure.

Doctor: What is your state of mind? Do you feel generally happy, sad, angry, scared?

Patient: Sometimes when my father is sitting in the room, speaking to me, I feel happy.

Doctor: Would you like someone to be in the room and sit next to you day and night and keep you company?

Patient: Yes.

Doctor: Can you move your arms like this? (*Doctor lifts arms and waves hands; Samuel imitates him.*) Good. Can you move your legs?

Patient: Yes.

Doctor: Good. Do you have any questions?

Patient: No.

Doctor: Well, Samuel, a person will come in and keep you company, and I am going to discuss with my colleagues the best medication for you to take and then I'll be back tomorrow.

Patient: (*Sticks out his hand, indicating that he wants to shake hands.*)

Module 9 Review

Key points to remember

1. In this module you reviewed some of the general knowledge you have acquired during this program with a particular focus on the lessons you have learned from the curriculum as well as terminology concerns and self-care.

2. The big lesson to draw from the general review was that everyone will gain their own special benefits and lessons from this curriculum. All the information may be valuable, but try to remember what is most helpful for you personally as you continue to interpret for survivors.

3. The key lesson to draw from the section on terminology is the need to develop strategies to prepare and especially to focus on becoming familiar with terminology specific to torture practices, the client's country and social issues related to the client's visits, and/or legal terminology specific to the service as well as relevant cultural terminology.

4. The chief lessons to draw from the section on self-care are:
   - Do it!
   - Keep working on your wellness plan.
   - Periodically revisit the self-care assessment worksheet.

5. After all, you cannot take care of others without first taking care of yourself. You do important work in this field. No one else can take better care of your needs, for no one knows you better than you know yourself or has a deeper grasp of your needs. You are worth the time. Survivors and their providers are grateful for the important work you do.

Conclusion

The Voice of Love Project through this manual, and the training program it supports, has offered you the opportunity to use your interpreting skills to support survivors of torture, war and other traumatic experiences.

To serve this population well, your basic interpreting skills must be excellent. Interpreting for survivors is a special experience. While you interpret, you stand witness to horrific events that have taken place in the client's life. Your willingness to listen to the client's story without judging or trying to do anything other than interpret is truly an act of love.

In order to provide this service as well as you can, your interpreting skills must be excellent, accurate and smooth. If you get flustered trying to remember terms, or confuse the grammar or leave out important information, your client may at best receive inferior assistance and at worst be severely harmed.

In Module 9 we have barely we have barely discussed the abilities that you need to perform excellent interpreting in this field. However, in countries like the U.S. and Canada, there are

many opportunities for additional practice and training. You may also want to attend the annual conferences of the various national, state and local interpreting organizations, as usually these include workshops that will sharpen your knowledge and skills.

There are also both short-term and longer interpreter training courses in many locations throughout the United States, Canada and in other countries. Online programs are also available. A growing number of community colleges and state universities have educational programs for spoken interpreting and for signed language interpreting. All continuing education programs can be helpful, because the more skilled you are as an interpreter, the smoother the session will be for trauma survivors and their providers. However, look especially for programs that address trauma-informed interpreting.

Finally, the authors of this manual give you their heartfelt thanks for your willingness to serve this important and often neglected population. Each time you interpret for someone who has survived a major trauma, remember that control and power was taken away from this individual. When you give back the client's voice, you not only help the client to heal and perhaps gain legal residence to a country, but you are also helping to restore that client's dignity, humanity and self-respect.

This is vital work. It honors the survivors. It honors you. Thank you for your invaluable contributions to the field.

Glossary References

Breaking Silence: Interpreting for Victim Services: A Glossary of Victim Services Terminology. https://ayuda.com/wp-content/uploads/2016/07/156617_Ayuda_Glossary_BreakingSilence-WEB.pdf

Complex Trauma Resources. https://www.complextrauma.org/glossary/

Glossary of Traumatology. https://en.wiktionary.org/wiki/Appendix:Glossary_of_traumatology

Heartland Alliance, Marjorie Kovler Center, Survivors of Torture Program, Chicago, Illinois. https://www.heartlandalliance.org/program/marjorie-kovler-center/survivors-of-torture

Immigration and Refugee Board of Canada. Glossary. https://irb-cisr.gc.ca/en/board/Pages/GloLex.aspx

Sidran Institute: Traumatic Stress Education and Advocacy. Glossary. https://www.sidran.org/glossary/

Trauma Dissociation. Dictionary of Trauma and Dissociation Psychology Terms. http://traumadissociation.com/glossary

U.S. Department of Homeland Security, Citizenship and Immigration Services. Glossary. https://www.uscis.gov/tools/glossary

U.S. Department of Justice, Office for Victims of Crime. The Vicarious Trauma Toolkit, Glossary of Terms. https://ovc.ojp.gov/program/vtt/glossary-terms

Bibliography

Ahmad, M.I. (2007). Interpreting communities: Lawyering across language differences. *UCLA Law Review,* 54:999-1086.

Akinsulure-Smith, A.M. (2007). The use of interpreters with survivors of torture, war, and refugee trauma. In H.E. Smith, A.S. Keller, & D.W. Lhewa (Eds.). *"…Like a Refugee Camp on First Avenue:" Insights and Experiences from the Bellevue/NYU Program for Survivors of Torture.* Bellevue/New York University Program for Survivors of Torture, pp. 83-105.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM*-5. Washington, DC: American Psychiatric Publishing. Retrieved from: https://drive.google.com/file/d/10r_oUv_fZXQ4jUVXQC-4UnMdaneR3TD5/view

Amnesty International. (2014). Torture around the world: What you need to know. Retrieved from: https://www.amnesty.org/en/latest/news/2015/06/torture-around-the-world/

AUSIT, Australian Institute of Interpreters and Translators. (2012). *AUSIT Code of Ethics and Code of Conduct.* AUSIT. Retrieved from: https://ausit.org/wp-content/uploads/2020/02/Code_Of_Ethics_Full.pdf

Baker, R. (1992). Psychosocial consequences for tortured refugees seeking asylum and refugee status in Europe. In M. Başoğlu (Ed.). *Torture and Its Consequences: Current Treatment Approaches.* Cambridge, England: Cambridge University Press, pp 83-106.

Bambarén-Call, A., Bancroft, M., Goodfriend-Koven, N., Hanscom, K., Kelly, N., Lewis, V., Roat, C., Robinson, L., & Rubio-Fitzpatrick, L. (2012). *Interpreting Compassion: A Needs Assessment Report on Interpreting for Survivors of Torture, War Trauma and Sexual Violence.* Columbia, Maryland: The Voice of Love.

Bancroft, M.A. (2005). *The Interpreter's World Tour: An Environmental Scan of Standards of Practice for Interpreters.* Menlo Park, California: The California Endowment.

Bancroft, M.A. (in press). *The Interpreter's World Tour 2022: Ethics and Standards for Interpreters Around the World.* Cross-Cultural Communications.

Bancroft, M., García Beyaert, S., Allen, K., Carriero-Contreras, G., & Socarrás-Estrada, D. (2015). *The Community Interpreter®: An International Textbook.* Columbia, Maryland: Culture & Language Press.

Başoğlu, M., Mineka, S., Paker, M., Aker, T., Livanou, M., & Gök S. (1997). Psychological preparedness for trauma as a protective factor in survivors of torture. *Psychological Medicine,* 27(6):1421-1433.

Başoğlu, M., Paker, M., Ozmen, E., Taşdemir, O., & Sahin, D. (1994a). Factors related to long-term traumatic stress responses in survivors of torture in Turkey. *The Journal of the American Medical Association,* 272(5):357-363.

Başoğlu, M., Paker, M., Paker, O., Ozmen, E., Marks, I., Incesu, C., Sahin, D., & Sarimurat, N. (1994b). Psychological effects of torture: A comparison of tortured with nontortured political activists in Turkey. *American Journal of Psychiatry,* 151(1):76-81.

Beals, J., Manson, S.M., Whitesell, N.R., Spicer, P., Novins, D.K., & Mitchell, C.M. (2005). Prevalence of DSM-IV disorders and attendant help-seeking in 2 American Indian reservation populationsArchives of General Psychiatry, 62(1):99-108.

Becker, R. & Bowles, R. (2001). Stuck in the middle: Debriefing for interpreters. *Refugee Transitions,* 15:40-42.

Bonanno, G.A., Westphal, M., & Mancini, A.D. (2011). Resilience to loss and potential trauma. *Annual Review of Clinical Psychology,* 7:511-535.

Briere, J.N. & Scott, C. (2021). *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment, Second Edition*. Los Angeles, California: Sage.

Calhoun, L. & Tedeschi, R. (1999). *Facilitating Posttraumatic Growth: A Clinician's Guide*. New Jersey: Lawrence Erlbaum Associates Inc.

CHIA, California Healthcare Interpreting Association. (2002). *California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles & Intervention*. Sacramento, California: CHIA. Retrieved from: https://web.atanet.org/webinars/ataWebinar97_CA_standards_healthcare_interpreters.pdf

CDC, U.S. Centers for Disease Control and Prevention. (2014). *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements*. Retrieved from: https://www.cdc.gov/violenceprevention/pdf/sv_surveillance_definitionsl-2009-a.pdf

CDC NIOSH, U.S. Centers for Disease Control and Prevention, The National Institute of Occupational Safety and Health. (1999). Stress…at work. Retrieved from: https://www.cdc.gov/niosh/docs/99-101/default.html#:~:text=done%20about%20it.-,What%20Is%20Job%20Stress%3F,poor%20health%20and%20even%20injury.

Collins, S. & Long, A. (2003). Working with the psychological effects of trauma: Consequences for mental health-care workers—A literature review. *Journal of Psychiatric and Mental Health Nursing*, 10(4):417-424.

Conroy, S. & Cotter, A. (2017). *Self-Reported Sexual Assault in Canada, 2014.* Canadian Centre for Justice Statistics. Retrieved from: https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2017001/article/14842-eng.pdf?st=JX869Ake

Crosby, S.S., Norredam, M., Paasche-Orlow, M.K., Piwowarczyk, L., Heeren, T., & Grodin, M.A. (2006). Prevalence of torture survivors among foreign-born patients presenting to an urban ambulatory care practice. *Journal of General Internal Medicine,* 21(7):764-768.

De Jong, J., Komproe, T.V.M., Ivan, H., von Ommeren, M., El Masri, M., Araya, M., Khaled, N., van de Put, W., & Somasundarem, D.J. (2001). Lifetime events and posttraumatic stress disorder in 4 postconflict settings. *Journal of the American Medical Association,* 286:555-562.

Dublin Rape Crisis Centre. (2008). *Interpreting in Situations of Sexual Violence and Other Trauma: A Handbook for Community Interpreters.* Retrieved from: https://ncihc.memberclicks.net/assets/documents/rcc_interpreting.pdf

Engstrom, D., Hernández, P., & Gangsei, D. (2008). Vicarious resilience: A qualitative investigation into its description. *Traumatology,* 14(3):13-21.

EULITA, European Association for Legal Interpreters and Translators. (2013). *Code of Professional Ethics.* Retrieved from: https://www.eulita.eu/wp-content/uploads/files/EULITA-code-London-e.pdf

Framer, I., Bancroft, M.A., Feuerle, L., & Bruggeman, J. (2010). *The Language of Justice: Interpreting for Legal Services.* Washington, DC: Ayuda.

González, R.D., Vásquez, V.F., & Mikkelson, H. (2012). *Fundamentals of Court Interpretation: Theory, Policy and Practice*, second ed. Durham, North Carolina: Carolina Academic Press.

Goodsmith, L. & Acosta, A. (2011). *Community Video for Social Change: A Toolkit.* Minneapolis, Minnesota: American Refugee Committee International.

Harvey, M.A. (2001). *The Hazards of Empathy: Vicarious Trauma of Interpreters for the Deaf.* Retrieved from: http://mhit.org/assets/The_Hazards_of_Empathy.pdf

Herman, J.L. (1992). *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror.* New York: Basic Books.

Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process,* 46(2):229-241.

Hernández-Wolfe, P., Engstrom, D., & Gangsei, D. (2010). Exploring the impact of trauma on therapists: Vicarious resilience and related concepts in training. *Journal of Systemic Therapies*, 29(10):67-83.

Hewitt, W.E. (1995). Model code of professional responsibility. Chapter 9 in *Court Interpretation: Model Guides for Policy and Practice in State Courts.* Williamsburg, Virginia: National Center for State Courts. Retrieved from: https://www.migrationpolicy.org/sites/default/files/language_portal/Model%20Code%20of%20Professional%20Responsibility_0.pdf

Higson-Smith, C. (2015). *Updating the estimate of refugees resettled in the United States who have suffered torture.* Retrieved from: https://www.cvt.org/sites/default/files/SurvivorNumberMetaAnalysis_Sept2015_0.pdf

HIN, Healthcare Interpretation Network. (2010). *National Standard Guide for Community Interpreting Services,* 2nd ed. Toronto: HIN. Retrieved from: http://www.globaltranslations.com/eng/links/documents/NSGCIS2012.pdf

Holtz, T.H. (1998). Refugee trauma versus torture trauma: A retrospective controlled cohort study of Tibetan refugees. *Journal of Nervous and Mental Disease,* 186(1):24-34.

Iacopino, V., Özkalipçi, Ö., & Schlar, C. (project coordinators). (1999). *Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.* (The table in Module 1 was adapted from this article.) Retrieved from: https://www.ohchr.org/documents/publications/training8rev1en.pdf

Immigration, Refugees and Citizenship Canada. (2021). Claiming asylum in Canada—What happens? Retrieved from: https://www.canada.ca/en/immigration-refugees-citizenship/news/2017/03/claiming_asylum_incanadawhathappens.html

ISO, International Organization for Standardization. (2014). ISO 13611 *Interpreting—Guidelines for Community Interpreting.* Retrieved from: https://committee.iso.org/standard/54082.html?browse=tc

ISO, International Organization for Standardization. (2018). ISO 18841 *Interpreting Services—General Requirements and Recommendations*. Retrieved from: https://www.iso.org/obp/ui/#iso:std:iso:18841:ed-1:v1:en

ISO, International Organization for Standardization. (2019). ISO 20228 *Interpreting Services—Legal Interpreting—Requirements.* Retrieved from: https://www.iso.org/obp/ui/#iso:std:iso:20228:ed-1:v1:en

Keane, T.M., Marshall, A.D., & Taft, C.T. (2006). Posttraumatic stress disorder: Etiology, epidemiology, and treatment outcome. *Annual Review of Clinical Psychology,* 2:161-197.

Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E. E. (2005a). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry,* 62(6):593–602.

Kessler, R.C., Chiu, W.T., Demler, O., Merikangas, K.R., & Walters, E.E. (2005b). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry,* 62(6):617-627.

Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey, *Archives of General Psychiatry,* 52(12):1048-1060.

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine,* 88(2):251-258.

Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R., (Eds.). (2002). *World Report on Violence and Health,* Geneva: World Health Organization.

Leaning, J., Briggs, S.M., & Chen, L.C. (Eds). (1999). *Humanitarian Crises: The Medical and Public Health Response.* Cambridge, Massachusetts: Harvard University Press.

Luthar, S.S., Cicchetti, D., & Becker, B. (2000). The construct of resilience.: Past, present and future research. In B.M. Lester, A.S. Masten, & B. McEwen (Eds.). *Resilience in Children.* Boston, Massachusetts: Blackwell, pp. 105-115.

Marshall, G.N., Schell, T.L., Elliott, M.N., Berthold, S.M., & Chun, C. (2005). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *The Journal of the American Medical Association,* 294(5):571-579.

Masmas, T., Møller, E., Buhmannr, C., Bunch, V., Jensen, J., Hansen, T., Jørgensen, L., Kjaer, C., Mannstaedt, M., Oxholm, A., Skau, J., Theilade, L., Worm, L., & Ekstrøm, M. (2008). Asylum seekers in Denmark—A study of health status and grade of traumatization of newly arrived asylum seekers. *Torture: Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture,* 18:77-86.

McCann, L. & Pearlman L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress,* 3(1):131-149.

Miller, K.E., Martell, Z.L., Pazdirek, L., Caruth, M., & Lopez, D. (2005). The role of interpreters in psychotherapy with refugees: An exploratory study. *The American Journal of Orthopsychiatry,* 75:27-39.

NCIHC, The National Council on Interpreting in Health Care. (2004). *A National Code of Ethics for Interpreters in Health Care.* Washington, DC: NCIHC. Retrieved from: https://www.ncihc.org/assets/z2021Images/NCIHC%20National%20Code%20of%20Ethics.pdf

NCIHC, The National Council on Interpreting in Health Care. (2003). *Guide to Interpreter Positioning in Health Care Settings.* Washington, DC: NCIHC. Retrieved from: https://www.ncihc.org/assets/documents/workingpapers/NCIHC%20Working%20Paper%20-%20Guide%20to%20Interpreter%20Positioning%20in%20Health%20Care%20Settings.pdf

NCIHC, The National Council on Interpreting in Health Care. (2005). *National Standards of Practice for Interpreters in Health Care.* Washington, DC: NCIHC. Retrieved from: https://www.ncihc.org/assets/z2021Images/NCIHC%20National%20Standards%20of%20Practice.pdf

NCIHC, The National Council on Interpreting in Health Care. (2008). *The Terminology of Health Care Interpreting: A Glossary of Terms.* Washington, DC: NCIHC. Retrieved from: https://www.ncihc.org/assets/documents/NCIHC%20Terms%20Final080408.pdf

NCTTP, Member Centers of the National Consortium of Torture Treatment Programs. (2015). Descriptive, inferential, functional outcome data on 9,025 torture survivors over six years in the United States. *Torture*, 25(2): 34-60.

NIJ/CDC, The National Institute of Justice and the Centers for Disease Control and Prevention. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence*. Washington, DC: U.S. Department of Justice, Office of Justice Programs. Retrieved from: https://www.ojp.gov/pdffiles1/nij/181867.pdf

Norris, F.H. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology,* 60:409-418.

OHCHR, UN Office of the High Commissioner for Human Rights. (2002). Fact Sheet No. 4 (Rev. 1), Combating Torture. Retrieved from: https://www.refworld.org/docid/4794774b0.html

Pearlman, L.A. & Saakvitne, K.W. (1995). *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. New York: W.W. Norton & Company.

Piwowarczyk, L. (2005). Torture and spirituality: Engaging the sacred in treatment. *Torture,* 15(1):1-8.

Piwowarczyk, L., Moreno, A., & Grodin, M. (2000). Health care of torture survivors. *The Journal of the American Medical Association,* 284(5):539-541.

Rayes, B. (2008). *Spanish Bilingual Assistant: Introduction to Medical Interpreting*, Third Edition. Phoenix, Arizona: Phoenix Children's Hospital.

Resnick, H.S., Kilpatrick, D.G., Dansky, B.S., Saunders, B.E., & Best, C.L. (1993). Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. *Journal of Consulting and Clinical Psychology,* 61(6):984-991.

Saakvitne K.W., Pearlman, L.A., & the Staff of The Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy, LLC (TSI/CAAP). (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York: W.W. Norton & Company.

Siddiqui, N.A., Civaner, M., & Elci, O.C. (2013). Physician involvement in torture: An ethical perspective. *Journal of Medical Humanities,* 34(1):59-71.

Smid, G.E., Mooren, T.T., van der Mast, R.C., Gersons, B.P., & Kleber, R.J. (2009) Delayed posttraumatic stress disorder: Systematic review, meta-analysis, and meta-regression analysis of prospective studies. *The Journal of Clinical Psychiatry,* 70(11):1572-1582.

Splevins, K.A., Cohen, K., Joseph, S., Murray, C., & Bowley, J. (2010). Vicarious posttraumatic growth among interpreters. *Qualitative Health Research,* 22:250-262.

Stamm, B.H. & Figley, C.R. (2009). Advances in the theory of compassion satisfaction and fatigue and its measurement with the ProQOL 5. Presented at the annual conference of the International Society for Traumatic Stress Studies. Atlanta, Georgia.

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R.A., & van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *The Journal of the American Medical Association,* 302(5):537-549.

Sue, S. & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *The American Psychologist,* 42(1):37-45.

Tedeschi, R.G. & Calhoun, L.G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry,* 15(1):1-18.

Tribe, R. (2007). Working with interpreters. *The Psychologist,* 20(3):159-161.

UNCAT, United Nations *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.* (1984). Retrieved from: http://www.unhcr.org/refworld/docid/3ae6b3a94.html

UNHCR, United Nations High Commissioner for Refugees. (2020). *Global Trends: Forced Displacement in 2020*. Retrieved from: https://www.unhcr.org/flagship-reports/globaltrends/

UNHCR, United Nations High Commissioner for Refugees. (2021). "Refugee Data Finder." Retrieved from: https://www.unhcr.org/refugee-statistics/

UNHCR, United Nations High Commissioner for Refugees. (2011). *UNHCR Resettlement Handbook.* Retrieved from: https://www.unhcr.org/46f7c0ee2.pdf

U.S. Department of Justice. Office of Justice Programs Fact Sheet. (2011). Retrieved from: https://www.ojp.gov/sites/g/files/xyckuh241/files/archives/factsheets/ojpfs_domesticviolence.html

U.S. National Health Law Program. (2013). *Health Care Interpreters: Are They Mandatory Reporters of Child Abuse?* Retrieved from: https://healthlaw.org/resource/health-care-interpreters-are-they-mandatory-reporters-of-child-abuse-updated/#:~:text=Members%20of%20some%20professions%20are%20mandated%20by%20state,child%20abuse%2C%20the%20laws%20are%20not%20clear%20if

USCIS, U.S. Citizenship and Immigration Services. (2022). Asylum. Retrieved from: https://www.uscis.gov/humanitarian/refugees-and-asylum/asylum

VA/DoD, Department of Veterans Affairs and the Department of Defense. (2017). *VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder.* Retrieved from: https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal012418.pdf

Van Ameringen, M., Mancini, C., Patterson, B., & Boyle, M.H. (2008). Post-traumatic stress disorder in Canada. *CNS Neuroscience & Therapeutics,* 14(3):171-181. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6494052/

Weiss, D.S., Marmar, C.R., Schlenger, W.E., Fairbank, J.A., Jordan, B.K., Hough, R L., & Kulka. R.A. (1992). The prevalence of lifetime and partial post-traumatic stress disorder in Vietnam theater veterans. *Journal of Traumatic Stress,* 5:365-376.

Wilcox, H.C., Storr, C.L., & Breslau, N. (2009). Posttraumatic stress disorder and suicide attempts in a community sample of urban American young adults. *Archives of General Psychiatry,* 66(3):305-311.

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